

SCHOOL CRISIS RESPONSE: PERCEPTIONS OF EXPERIENCED RESPONDERS

by

Travis E. Pinter

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ABSTRACT

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Travis E. Pinter

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The needs of a school community following the death of a student or staff member are not something every educator and/or school administrator may be prepared to address. Multi-disciplinary crisis response teams, particularly those operating at the district level, are equipped to respond to such situations rapidly and effectively. School psychologists, due to their categorization as “scientist practitioners” in the educational environment and their training in both therapeutic intervention models and tiered service delivery, are especially qualified to coordinate training for, manage, and serve on K-12 crisis response teams. Unfortunately, the definitive manualized program on school crisis response, PREPaRE (Brock et al., 2016), as well as other published literature on best practices, do not have an accompanying body of work categorizing and characterizing valuable perspectives from experienced practitioners in the field. The current study sought to address this gap between field experience and published research with a longitudinal statistical analysis of characteristic data from 6 consecutive school years (2016-2022) in a single large, urban school district, coupled with qualitative analysis of interviews conducted with eight experienced crisis responders in that district. A Chi-Square Test of Independence of aggregate data revealed that crises were frequent and numerous (152 cases) over the 6 years examined, disproportionately impacting high school students with homicides and gun violence, and in stark contrast to staff deaths ($X^2(6, N=139) = 90.11, p < .001$).

Additionally, semi-structured interviews of experienced crisis responders indicated overwhelming agreement among the practitioners' perceptions of factors influencing the effectiveness of crisis response and those presented in the literature. The majority of the participants (75%) mentioned suicide specifically as a particularly complicated factor. Differences in responses between participants who had the role of crisis counselor vs. team leadership were also evident. Specifically, counselors indicated more vicarious trauma and different reasons for their voluntary inclusion on the team as well as a greater emphasis on the importance of clear and consistent communication with students, when compared to the team leaders. Implications include an emphasis on staff resources for self-care, the importance of including trauma training for crisis response teams, and the need for further research from school districts of all sizes.

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To
my parents,
my wife,
my daughters,
and all the children gone too soon

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LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychological Association
ASD	Autism Spectrum Disorder
CASEL	Collaborative for Social and Emotional Learning
CESA	Cooperative Educational Service Agency
CGCS	Council of the Great City Schools
EAP	Employee Assistance Program
ESA	Educational Service Agency
MTSS	Multi-Tiered System of Support
NASP	National Association of School Psychologists
PTSD	Post-Traumatic Stress Disorder
SEL	Social and Emotional Learning
SPSS	Statistical Product and Service Solutions
SRO	School Resource Officer
SST	Single-Session Therapy
TSS	Trauma-Sensitive Schools
YMHFA	Youth Mental Health First Aid

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Lastly but most importantly, I must also acknowledge the many students I and my colleagues have served in this work over the past twenty years. They have taught me more about crisis response than any textbook or manualized program ever could, by being open to grief, by sharing their traumatic experiences with strangers seeking to help, and by engaging the process and taking steps to heal . . . despite tragic and often unimaginable loss.

“Give sorrow words; the grief that does not speak
knits up the o’er-fraught heart
and bids it break.”

William Shakespeare (Macbeth)

Chapter One: Introduction

Crisis response facilitation as a job role in the educational arena creates an interesting challenge for training programs and school districts alike because educational pedagogy and trauma and grief do not typically belong to the same curriculum. Those professionals who work in the field of preventative medicine are not often cut from the same cloth as those who become medical examiners. Similarly, educators may not necessarily be well-suited to dealing with death and grief (Blad, 2015) and mental health support is not the primary role of an education system (Nadeem & Ringle, 2016). The field of school psychology, however—due to its emphasis on the scientist-practitioner model (Edwards, 1987; Huber, 2007; Peterson, 1985) with skill sets in therapeutic techniques and systems analysis—is arguably more suited to appropriately handle situations involving death and grief than most other school-based professions.

The role of the school psychologist as crisis responder is specified within the opening paragraphs of the National Association of School Psychologists (NASP) document on professional ethics (NASP Principles for Professional Ethics [NASP], 2010). In contrast, the crisis response role is conspicuously absent from the American Psychological Association's (APA) own document on the same topic (American Psychological Association [APA], 2016). The primary reason for inclusion of such a role for school psychologists but not for psychologists more generally is that of all the fields of psychological practice, the role and function of the school psychologist is perhaps the most embedded in the natural environment of its clientele. Most school-aged children in the United States spend a considerable amount of time in school, averaging nearly 1,000 hours per year over their first 9 years of education (Education at a Glance, 2020). Because the school psychologist shares that school space with the students, immediate, acute needs arise in the client's school environment where the clinician is also

present. Although the needs of the school community in crisis may extend to adults, the licensure and ethical code of school psychologists (NASP Principles for Professional Ethics [NASP], 2010) prioritize students as the clients most appropriate for crisis response intervention. Support of school staff is primarily the responsibility of building administration, often in consultation with centralized administration. However, when students—while at school—learn of the death of a peer or teacher, the school psychologist is uniquely positioned to address immediate needs.

Coordination of a school crisis response and collaboration within it, particularly as it pertains to postvention following death in the school community, has certainly become the purview of the school psychologist over the past twenty years or so. More than 90% of school psychologists in one national survey endorsed the role on the crisis team as part of their responsibility (Adamson & Peacock, 2007). The association of school psychology with crisis response is due in part to NASP's seminal manual on the subject, PREPaRE, a volume conceptualized over 20 years ago (Brock, 2002), published in manualized form more than a decade ago (Brock, 2009) and more recently refined into its current version (Brock et al., 2016). The PREPaRE system of crisis response utilizes an "incident command system" framework for designating staff roles and structuring a response, emphasizing the components that comprise its acronym: Prevent, Reaffirm, Evaluate, Provide and Respond, and Examine (Brock et al., 2016). PREPaRE training consists of two full days and incorporates readings, trainer-led discussion, small group work, vignettes, and pre/post knowledge assessments.

Despite the presence of a manualized program such as PREPaRE in the field, many schools may be underprepared to manage a crisis response (Mozingo, 2017) successfully and safely, or lack leadership training that fosters successful crisis management (Morrison, 2017). However well-circulated PREPaRE has become among school psychologists, it is important to

differentiate between how many psychologists are formally trained rather than simply recruited for participation on teams due to a presumed expertise. Furthermore, to what degree are school systems prepared specifically for crisis response following a death in the school community?

To better analyze the current state of crisis response, one must first define the term itself. Some widely accepted characteristics of school crises are that they tend to be extremely negative, uncontrollable, and unpredictable (Brock, 2002; Diraddo & Brock, 2012). Furthermore, the potential for trauma is somewhat high in crisis events (Carlson, 1997). Though these types of descriptors can—at least loosely—be applied to death in the school community (health-related, accidental, or intentional) as well as sudden and violent events on-site (school shootings, natural disasters), one can quickly ascertain from the defining characteristics how the latter type tends to be emphasized more than the former. Educators are not necessarily accustomed nor traditionally trained to dealing with the aftermath of death in their schools, something which may impact them for years afterwards (Case et al., 2020; Levkovich & Duvshan, 2021). The current researcher has heard numerous school administrators and teachers over the years state during a crisis response following the death of a student or staff member that they did not get into education to address death and loss. On the other hand, school leaders are accustomed to protocols on emergency preparedness and issues involving potential liability (i.e., immediate threats to safety), including tornado and/or fire drills. A specific Wisconsin school statute, for example, requires fire drills at least monthly and tornado drills at least twice annually (Wisconsin Statutes and Annotations, 2015). This same statute also requires safety drills at least twice annually (commonly referenced as “lock downs”), illustrating the importance currently being placed on responses to immediate threats to the school environment.

It may be difficult to conceive of over a century later, but fire and tornado drills were not

always commonplace and did not in fact become normalized and regulated until tragic events precipitated their inclusion in school settings (Fire drills in schools, 1901). In an analogous fashion, tragedies such as those at Columbine (Brooke, 1999) and Parkland (Chuck et al., 2018) have helped drive the emphasis on “active shooter” drills and other preparedness against armed invaders. Court litigation, in recent years, has reflected this trend toward examining the legal culpability in on-site violence. A review of relevant court cases in the wake of the Parkland massacre indicates that it is no longer uncommon for grieving parents to seek financial recompense from school districts following incidents of violence. In the vast number of circumstances, precedence (*Deshaney v. Winnebago County Dept. of Social Services*, 1989) has invoked the 14th Amendment to effectively shield schools from violence perpetrated by students upon other students; the amendment protects citizens from the state but not from one another. A plaintiff essentially needs to show that the state (i.e., the school or district) either enhanced the danger leading to the violence or otherwise created it. This requirement, of course, is what fundamentally drives school administrators to address threats, bullying, and safety conditions in their schools—at least from a liability perspective.

One result of concerns over liability and safety in schools regards an increased emphasis on threat assessment protocols, informed in no small part by the Virginia Threat Assessment Model (Cornell et al., 2011). The Virginia model, when used to address a potential threat to school safety, utilizes multiple investigative sources (witness statements, writing, and interviews) within a law enforcement framework intent on preventing violence and harm. A recent 100-million-dollar safety grant backed with bi-partisan approval by the Wisconsin legislature (Schimel, 2018) is evidence of this type of prioritizing. The recently formed Office of School Safety instituted Act 143, which among other things, mandates that schools in Wisconsin submit

a school safety plan to the state, and annually inform school employees of threat report guidelines (Wisconsin Act 143, 2017).

While both types of crises—on-site critical events and postvention bereavement following death—are worthy of a training protocol, the unfortunate reality is that the latter is not prioritized to the same extent as the former. For example, no mandates such as Act 143 exist in the state legislature around the topic of bereavement-based crisis response. Furthermore, no drills or protocols for school crisis response following death are required, unlike safety and evacuation drills. That the issue has been politicized around the topics of gun control (Kleck, 2009; WSJ Update, 2012), mental health and preventative behavior systems (Katsiyannis et al., 2018), and zero tolerance disciplinary procedures (Losinski et al., 2014) has not made crisis response an easier topic with which schools can engage, at least in terms of complexity.

In addition to its lack of inclusion in the legislature, there is a lack of evidence-based practices pertaining to crisis response in the research literature. The result is that the “best practices” of manualized training and crisis response coursework are not readily comparable to field experiences. Evidence-based practices utilize objective scientific criteria (Huber, 2007). Furthermore, they incorporate a shared statistical language to enhance communication and understanding in the field (APA Presidential Task Force on Evidence-Based Practice, 2006). Crisis response is not alone, of course, in its resistance to the rigors of evidence-based practices, wherein maintaining its implementation integrity can sometimes be challenging in the field for a variety of reasons (Lung, 2018). This does not mean that research in this area is altogether impossible or that collected data and analysis has no value here; on the contrary, Lung’s (2018) suggested pivot to practice-based evidence in such circumstances illuminates a possible way forward. Practice-based evidence focuses on assessing intervention effectiveness in a

naturalistic—rather than controlled—setting, potentially allowing for greater generalization of gains that may not be evident in an experimental environment (Huang et al., 2005).

While educational and legislative emphasis has been firmly in favor of threat assessment over bereavement, research in both areas of crisis response is considered scant by most standards. On-site disaster preparedness training has tended to be supported by law enforcement models, from a preventative lens; in cases where research has been conducted, measures tend to address issues believed to be contributing to school violence such as bullying, harsh disciplinary procedures, and school climate (Cornell et al., 2009). The extreme rarity of school violence and the difficulty in setting up ethical and valid ways of measuring the efficacy of a prevention program presents an impediment to robust and replicable research (Cornell & Allen, 2011). School bereavement research as a response to death in the school community faces similar challenges, both in scarcity of available data and in the challenge for research design to be ethical, practical, and feasible. For instance, establishing a control group in a study that, by definition, does not receive postvention in a manner befitting best practices, presents an obvious conundrum. Furthermore, predicting a school where a crisis is to occur is impossible. Advocates of various school drills and methodologies around “active shooters” have faced a similar challenge in establishing a research base to support efficacy for such drills, particularly since they can be triggering to students and may cause more harm than good (Huskey & Connell, 2020; Sofe, 2020). Lockdown drills, in fact, while generally still perceived as a standard preventative measure, may actually diminish student perceptions of safety rather than improve them (Schildkraut et al., 2020).

Another deterrent to a robust body of research-informed practices for school crisis response is the difficulty in operationalizing and measuring several of the variables within it. For

instance, when considering factors that influence the integrity and “success” of a given response—unique complexities of the deceased’s circle of friends, cause and circumstances of death, unique culture of the school and its prior experience with such incidents—the manner and means of measuring outcomes is not readily apparent. Furthermore, one primary obstacle to acquiring crisis response data is that to extract meaningful data with real statistical power from such incidents and not just a collection of anecdotal notes requires aggregation of many crises. Many school districts thankfully do not have the unfortunate circumstance of experiencing enough crises over a reasonable enough span of time to derive actionable statistics from which to perform analysis.

This issue of inadequate field data is best overcome with a perspective shift and the application of a longitudinal lens to one’s research. It is precisely the defining characteristics of crisis itself—unpredictable, random, rare, and necessarily *in situ*—that resists an application of the “gold standard” of evidence-based practice. It is not, however, a denigration of research that shifts the focus in crisis response literature to something more aptly labelled practice-based evidence (Lung, 2018). On the contrary, usable data from the field is a requirement of an informed practitioner. Such analysis, however, can be difficult to come by because death in the school community can be quite uncommon. Therefore, an adequate collection of data in crisis response demands either a large school district or cooperation across several districts. Even then, a longitudinal view is likely to be required to gather enough information.

Since crises, like death itself, are unpredictable and irregular in their distribution, no single school year will provide enough information for analysis. A long view allows some regularity to emerge that is otherwise unavailable to the observer of a shorter time period. The requirements for researchers in this field, then, remain potentially problematic—with large

groups of students and multiple school years necessary for thorough and meaningful analysis.

Because field-based evidence on crisis response data and outcomes is so uncommon in the literature, the current study utilizes longitudinal crisis response data as a framework for analyzing impressions from experienced crisis responders involved in the cases included in the data set. The study first examines aggregated data over a span of 6 years (2016-2022) from a large urban district to better understand the frequency and prevalence of crises in this population as well as identify any patterns, disproportionality, and/or relationships between crisis response factors. There are 152 crises for analysis in the included time period. The primary researcher works in the district in a leadership capacity and is in a unique position to access, compile, and analyze these data. The data set for this study includes important descriptive information such as demographic background descriptions of the deceased, school and grade-level information, type of death, and whether a gun was involved, for instance. As no other research exploring these types of data could be found in the literature, the study has value for its rarity and potential for analysis.

To better understand the proposed study, the procedures of the district crisis response team are provided for context. When a school building administrator becomes aware of the death of a student or staff member, he/she is advised to verify the death and contact his direct supervisor, who in turn will contact one of the district managers of the crisis response team. After being contacted, the manager initiates the process for assembling a response team. This step involves consulting with the building administrator and coordinating a plan for addressing the crisis response, including alerting the respective departments (e.g., school psychology, social work, and counseling) and then assembling a team with members. The primary researcher of the proposed study was one of two managers of the district's crisis response team from 2018 through

2021 and the district coordinator of the team from 2021 to the present. Prior to 2018, the primary researcher served as both facilitator and counselor over a period of fifteen years. Further information on the primary researcher's experience is included in Chapter Four: Results in the Biographical Information of the Primary Researcher section.

The response team from the school district in the study is centrally lead by administrators in School Psychology and Social Work. Each department further enlists three lead facilitators and approximately 20 crisis counselors, to which the department of School Counseling also contributes. Team members are trained volunteers from building-based assignments, and rotate responsibilities facilitating, leading, and conducting crisis response. Only volunteers with at least 2 years of experience on the job (and usually more) are considered for the team. New team members undergo district-lead professional development of procedures and best practices, and then provided with shadowing experiences until more comfortable with the process (the number of crises shadowed is determined by the new staff member, usually between one to three). All crisis team administrators and lead facilitators have been trained in the PREPaRE Curriculum (Brock et al., 2016). Several team members have also received PREPaRE training, though exact numbers are unknown because membership varies from year to year. All team members receive district-lead training on crisis response that has been designed according to years of in-district experience and PREPaRE principles of best practices. This training includes fundamental aspects of SST service delivery, including focused processing of emotional distress and solution-focused therapy utilizing strength and resource identification, in addition to familiarity with a triaged technique for prioritizing clients. In recent years, training has been further enhanced by outside vendors with crisis management experience leading workshops for the entire team.

There are three crisis team roles germane to the current study, those of the team

administrator, the facilitator, and the crisis counselor. The crisis response administrator's responsibilities include: (a) serving as liaison with building administrators and leaders, (b) ensuring that initial procedures have been followed (confirmation of the death, notification of staff, etc.), (c) structuring a response plan based upon crucial information gathered initially (nature of the death, "connectedness" of the deceased to the school community, identification of those in closest "proximity," etc.), (d) assisting in addressing school staff and answering any questions, and (e) leading a debriefing once the crisis response has ended. The facilitator's responsibilities include: (a) drafting a classroom announcement and parent/guardian letter, (b) managing the crisis response counselors throughout the response, (c) monitoring issues within the building (inappropriate memorialization, inadequate counselor numbers, etc.), and (d) communicating with the crisis response and building administrators throughout. The crisis counselor's responsibilities include: (a) staffing the primary and secondary "breakout" rooms for students in need of counseling, (b) assisting in reading classroom statements for distraught teachers when necessary, and (c) helping identify students in need of further supports beyond the immediate responsibilities of the district team. The team administrator tends to engage the most in pre-response planning and addressing systemic issues, the facilitator tends to do the most on-site coordination of the response, and the counselor tends to be limited to direct student and staff counseling.

All crisis response administrators and facilitators (which, together, comprise the leadership team) have also served as counselors prior to the fulfillment of their current roles, and it is not uncommon to address gaps during a crisis response by temporarily filling those roles again, such as counseling students and/or addressing staff. In this way, while the roles are clearly designated to promote maximum efficiency and collaboration, there is flexibility and overlap in

their delivery depending upon the specific needs that arise during a crisis response.

The COVID-19 pandemic—encompassing much of the 2020-2021 and 2021-2022 school years in the current study—had a significant impact on the methodology employed by the district team. For example, 18 of the crisis teams during the 2020-21 and 2021-22 school years delivered their responses entirely remotely. This was due to district restrictions regarding in-person student attendance and/or the voluntary decision of parents to engage in remote learning during the district’s hybrid phase. In these instances, remote portions of the service delivery were conducted primarily via phone and/or video conferencing in individually delivered messaging to parents/guardians and students as well as during staff and team meetings. The availability of remote service delivery via tele-therapy and video conferencing was considered a necessary adjustment by the administrators of the district’s crisis response team, informed by a widely utilized strategy during the pandemic. The convenience and increased accessibility of such a model was often noted as one positive outcome for the shift to remote therapy delivery (Appleton et al., 2021). The increase of this practice has been documented in health-care settings outside of mental-health service delivery as well (Abd-Alrazaq et al., 2021). Further analysis of the pandemic’s impact on the study is discussed in Chapters Four (Results), and Five (Discussion).

The primary purpose of the current study is to inform best practices by gathering impressions from experienced crisis responders involved in the cases comprising the data set. This analysis, within the rich contextual framework of the aggregated data, offers a field-based comparison to manualized school crisis response. A qualitative analysis of the impressions of key participants of the crisis responses during the period in question has been performed, thereby teasing out factors that have resisted operationalization through quantitative means alone. For

example, whether a particular crisis is “challenging” (and which factors contribute to this) is not readily discernible from quantitative analysis. The types of factors generally accepted in the training literature and in the shared experience of the facilitators that impact the difficulty of a crisis response are resistant to quantitative measurement alone. These factors include things such as the popularity of the deceased, amount of notice of the death, specific nature of the death, and the number of resources available and utilized (Brock et al., 2016; Lahad & Cohen, 2006; Roth & Fernandez, 2016). While information about a student’s school community popularity, for example, is obtainable as part of crisis response planning—sport/club involvement, attendance and years of enrollment, circle of friends—these variables and the ways they intersect with the unique aspects of a given school’s climate and culture are not easily quantifiable nor operationalized. Furthermore, these factors must first be identified by their inclusion in multiple sources and then compared against the perceptions of experienced field practitioners.

Therefore, the experiences of the crisis response leaders and crisis counselors help inform the characteristics of the aggregated response data, lending a robust and longitudinal investigation. The individuals who serve as participants within this second component of the study are a combination of team leaders and crisis counselors from both the school psychology and school social work departments. While the entire centralized team is currently coordinated by the primary researcher (a school psychologist by training), psychologists and social workers fill the team roles of facilitator and administrator and school counselors do not. For this reason and the purpose of comparative analysis across roles, only school psychologists and social workers were solicited for voluntary participation in the study. All participants have multiple years of experience in responding to many school-based crises that are documented within the 6-year data set provided in the study. These participants have collaborated on some of the same

cases and also been involved in cases only represented by that individual, in terms of the sample. Where shared experiences occur, the qualitative analysis is meant to tease out commonalities as well as differing perspectives of the same crisis response.

Chapter Two: Literature Review

K-12 Preparedness for Crisis Response

School psychologists tend to be involved in school crisis response in their districts. According to a 2013 survey (Lazzaro et al.) of NASP members, 74% of school psychologists endorsed being on their school's crisis response team, and 63% endorsed belonging to their district's crisis response team. Furthermore, inclusion of school psychologists on crisis response teams is commonly encouraged in the literature (Dwyer et al., 2015; Heslip, 2015). One plausible reason for the regular inclusion of the school psychologist on a school or district's crisis response team has already been mentioned, that NASP has put forth the leading training manual on crisis situations, the PREPaRE model (Brock et al., 2016). The two-day training is primarily delivered during school psychology conferences or by specific request of school districts (Nickerson et al., 2014). Less commonly, PREPaRE is included during university coursework on crisis response within graduate programs in school psychology. As of the early 2000's, only five to 10 percent of school psychologists were estimated to have received crisis response training through a university program (Allen et al., 2002).

While data specifying the exact number of school psychologists who've been trained in crisis response (that includes bereavement following death in the school community) is not available, one reasonable method to obtain an estimate is to consider PREPaRE participants. Other methods exist to become trained in crisis response. However, given PREPaRE's preeminence within NASP and the face validity it's received as the essential training program in

this area, it seems a reasonable methodology to consider overall training numbers in the context of PREPaRE. Using PREPaRE’s Workshop 2 as a benchmark since this two-day training is intended for mental health professionals serving on school crisis response teams, numbers of trainees appear to have increased over the last decade. As of 2013, it was estimated that approximately 4,000 individuals in total had completed PREPaRE Workshop 2 (Lazzaro et al., 2013). The total number of school psychologists in 2013 numbered near 36,000 (Walcott et al., 2017), meaning approximately 10% were PREPaRE trained. Though conclusions drawn from disparate data sets are problematic, these figures do assist in illustrating an informed estimate. Recent training numbers derived from NASP’s annual reports from 2017-2019 (National Association of School Psychologists, 2017, 2018, 2019) demonstrate a potential increase in total psychologists trained in PREPaRE Workshop 2 (Table 1) compared to numbers nearly a decade ago.

Table 1

Participants in PREPaRE Workshop 2: 2017-2019

Year	Number Trained	Mental Health Staff	Administrators
2017	3,154	2,207	252
2018	3,449	2,552	310
2019	3,291	2,270	263
Total	9,894	7,029	825

Compared to the cumulative 4,000 school psychologists reported by Lazzaro et al. (2013), more than 3,000 participants are now completing Workshop 2 annually, with approximately 80% of them belonging to the school mental health field or school administration. While the data do not specify how many are school psychologists, given PREPaRE’s emphasis in the field of school psychology and its frequent presence at school psychology conferences as a training option, it is highly likely that the cumulative number of school psychologists trained in

PREPaRE in the field is steadily increasing from numbers observed nearly a decade earlier. School social workers may not be far behind their colleagues in terms of an increasing focus on crisis preparedness. Werner (2015) found that most feel “moderately prepared” to handle a school crisis, and Stalnecker, Tan, and Alvarez (2022) surveyed school administrators who listed crisis intervention among the primary responsibilities of their school social workers.

Some evidence does suggest that schools are at least somewhat prepared to respond to a crisis. Adamson and Peacock (2007) found that even more than a decade ago, 84% of schools had crisis teams. Furthermore, the need for a plan and team was reinforced by the fact that 93% of the survey respondents endorsed involvement in at least one serious crisis. A more recent survey indicated that overall, school staff on average felt “somewhat” to “adequately” prepared for addressing suicide or other types of death in their community (Olinger Steeves et al., 2017). Ratings tended to be similar in these categories whether or not the participants were endorsing school preparedness or their own. Skavdahl (2010), in studying Northern California, found that crisis response plans were largely in place across more than 100 districts, though interagency communication was often lacking. On the metric of providing adequate student safety and parent reunification following an on-site incident or disaster, however, only 29 states met the basic standard as of 2014, with urban districts more likely, on average, to include key plan elements including reunification (Kruger et al., 2018; Silverman et al., 2016). The data provided do not specify PREPaRE or any other manualized program, but instead addresses the school’s safety plan and readiness around on-site incidents.

Assessing the Safety of America’s K-12 Environments

While the PREPaRE model has undergone multiple revisions that reflect changes to school climate and American culture itself—its conceptualization originated just after the events

of 9/11 and has evolved most recently to more thoroughly address school shootings—its focus has not necessarily been proportionate (in terms of ratio of training hours) to the types of crises school psychologists are most likely to encounter. An increased emphasis on school safety preparedness is reflected in the national lens as well (Brasemann, 2016). Due to the horrific events that have unfolded in recent years in places like Sandy Hook Elementary in Newton, CT (Vogel et al., 2012), Stoneman Douglass High School in Parkland, FL (Chuck et al., 2018), and Robb Elementary in Uvalde, TX (Salinas, & Ibanez, 2022), the public and political climate has begun to increase its focus on school shootings. Evidence of this emphasis is provided by increased funding for active shooter drills, security cameras, door locks, metal detectors, and security officers in schools. For example, despite the inclusion of basic trauma training in the requirements of Wisconsin’s recent school safety initiative (Schimel, 2018), the head of the newly appointed division resides within the Department of Justice rather than education, and the bulk of the available funds are marked for security items such as cameras, door locks, and shatterproof window adhesives. Such measures appear to be supported by the concerns of many parents; one recent study found that more than two-thirds of all parents surveyed expressed being “somewhat worried” or “very/extremely worried” that their child would experience a school shooting (Hurst, 2022). In the world of education and its competing—and in many cases shrinking—resources, it’s important to assess the prevalence of these threats in the context of crisis response if we are ever to address them in a rational manner. Essentially, what crises have the highest likelihood of occurring in our school communities and for what types of events need we prepare the most?

The short answer is that public schools remain some of the safest places to inhabit, and have been for some time (Cornell, 2015; Fox & Fridel, 2018). School shootings, though

terrifying to comprehend, actually reduced in both number of incidents and number of victims, over a span from the early 1990's through 2017 (Shapiro, 2018). Additionally, a recent analysis concluded that children are up to three times more likely to be the victims of gun violence in their own homes than in a school building (Mascia, 2023). One cause of the imbalance between perception and reality here may be the media saturation that now occurs around each event, inflating the public's concept of probability (Braselmann, 2016) and creating the impact of "biasing our understanding of how likely it is that a school will have a shooting" (Cornell, 2015, p.217). Opinion pieces that question the value of school-shooter drills and the overall likelihood of an in-school shooting are not making headlines to the same degree as the shootings. One such article from the Lipman Family Professor of Criminology, Law, and Public Policy at Northeastern University—Dr. James Alan Fox—asserted that since 50 million children attend public and private school in the United States each year, the odds of becoming a fatality from an in-school shooting are approximately one-in-10 million (Fox, 2022).

Furthermore, when school gun violence was at its zenith in the 1990's, it was primarily dominated by single-victim incidents that tended to be contained by local news outlets, rather than the mass victim events since that receive national coverage for days at a time, becoming a "national obsession" (Shapiro, 2018, p.20). Such excessive and graphic coverage may even be contributing to a contagion effect in our children (Dahmen, 2018; Towers et al., 2015), elevating the social status of school shooters while instilling undue fear in our students (Coleman, 2004). Another problematic side effect of a disproportionate emphasis on school shootings is the tendency to profile potential perpetrators, a practice that has the tendency to discriminate against students with special education and mental health needs, resulting in a "cluster of misinterpretations" (Shapiro, 2018, p.106).

Shortly after Shapiro's (2018) research was published, the COVID-19 global pandemic began, and many potential risk factors and troubling indicators for our children have begun to emerge that bear mentioning in this context. Concerns for adequate mental health supports related to impacts of the pandemic have begun to appear in the literature (Usher & Bhullar, 2020). Quarantine-induced social isolation may very well have exacerbated mental health concerns, which have the increasing potential to go unaddressed as the result of healthcare shortages. Mental-health impacts on children due to these factors have begun to be noted across the globe (Cowie & Myers, 2021). While the current research is not investigating a direct relationship between mental health needs, the COVID-19 pandemic, and school-related deaths—and it is too early to properly investigate longer-term outcomes of this ongoing global event—the pandemic has made an impact on school-based crisis response. The COVID-19 pandemic's impact on number of school fatalities, adjustments to response plans, and virtual service delivery is further discussed in Chapters Four (Results), and Five (Discussion).

A recent increase in school gun violence, as reported from media outlets (Fung, 2022), illustrates one potential impact of the pandemic and its effects on our children. Further, robust research in upcoming years will be required to determine if statistically significant increases of such events are occurring since the pandemic began, and the specific nature of such events. It should go without saying that one such incident of school violence is one too many—particularly for the victims involved and their families—though we should also exercise caution against over-exaggerating the probability of these events, for reasons stated above. There is a more consistent, less sensationalized cause of potential grief and trauma occurring in our school communities on a far more regular basis, and that is death of our students and staff from means other than an intruder to the building or school grounds. In the vast majority of cases, this occurs outside the

boundaries of our educational settings (from the current researcher's experience, no more than approximately 2-3% of all deaths of members of the school community occur on school grounds or during school trips), though its reach into the school community can be both significant and damaging if not properly addressed. It is not uncommon for teachers, for instance, to feel inadequately prepared to address student death in the classroom, or to still grieve for deceased students many years after they were in their direct care (Case, 2020). Israeli teachers in a qualitative study, for instance, expressed profound grief following the death of one or more of their students, and some even left the profession of teaching as a result (Levkovich & Duvshan, 2021).

Types of Deaths Directly Impacting Schools

Universal statistics on all deaths of school community members (active staff and students) are not as readily available as only those occurring within the school itself, though child mortality statistics from recent years provide some idea of overall prevalence of school-based bereavement needs without even accounting for staff mortality. For example, over a 10-year period from 2009-2018, the five leading causes of death for school-aged children amounted to nearly 100,000 cases in the United States (Centers for Disease Control and Prevention, 2020) (Table 2). During the same ten-year period, K-12 school shootings claimed 114 lives (Walker et al., 2019), a number substantially less than the top five leading causes of school-age death combined. Even after removing the 114 deaths from the Table 2 totals so as not to duplicate any data (for an adjusted total of 98,214), the difference in totality between the metrics is stark. For every single fatality as the result of a school shooting during the decade analyzed, roughly 861 additional deaths listed in Table 2 occurred.

Table 2

Top Five Causes of Death in United States of 4-18 year-olds from 2009-2018

Rank	Cause of Death	Number of Fatalities
1	Unintentional Injury	45,608
2	Suicide	18,131
3	Homicide	14,667
4	Malignant Neoplasms	14,416
5	Congenital Anomalies	5,506
Total		98,328

Given the extreme rarity of deaths within educational environments and the relatively more common occurrence of death in any context, one can extrapolate that any given school practitioner will very likely never encounter the former but will almost certainly encounter the latter one or more—sometimes many more—times. The unfortunate reality of a large school district—such as the one utilized in the current study—with high enrollment rates of children categorized as economically disadvantaged is that student deaths will occur. More students, simply put, means more probability of crises; Clark County School District in Las Vegas (with an enrollment of more than 300,000 students), for example, recently experienced 18 student suicides in a single year (Green, 2021). Though it took a pandemic for such a tragic crisis to occur and for the numbers to become public, this figure illustrates the potential prevalence of crises in large districts. During the same time span (one year) in which 18 suicides occurred in a single district, no single school district in the United States has endured violent death to this degree (Katsiyannis et al., 2018), further illustrating that increased emphasis on active shooter drills without adequate bereavement postvention training is disproportionate to the lived experiences of our students and school staff.

Furthermore, children from neighborhoods of lower socio-economic status are likely to encounter greater risk factors (both environmental and health-related) than their higher-SES

peers (Farrell et al., 2017; Mayes et al., 2014; Ward et al., 2004). That these risk factors can lead to early death has been recently supported to dramatic effect in a study that found as much as a 12-year gap in life expectancy between certain zip codes within the Milwaukee, WI area, some only blocks apart from one another; the most economically disadvantaged zip codes have experienced the lowest life expectancies (Lecounte & Swain, 2017). In addition, while gun violence is extremely rare in our schools, gun violence in the neighborhoods and lives of many of our children is far less so. Firearm homicides among Black male youth, for example, have recently been found to be as much as 17.5 more likely than their counterparts from other demographic groups (Bottiani et al., 2021; Zimmerman et al., 2021).

Over the past two decades, homicide rates have also demonstrated a discrepancy between white and black youth, and evidence that the gap is widening. Homicide rates for black children in 2020 were reported at 9.9 per 100,000 individuals, whereas homicide rates for white children were reported at 1.3 per 100,000 individuals; additionally, the rate for black children has significantly increased from two decades earlier, while that of white children has significantly decreased (Wilson et al., 2023). Hispanic children have also experienced an increase in homicides since 1999, with a rate also higher (2.2 per 100,000 individuals) than that of white children. The researchers additionally found that children in urban environments also experienced an increase in homicide rates over the past 2 decades (Wilson et al., 2023).

Therefore, a school girding itself against a crisis and potential trauma (particularly one that serves an urban population consisting of children of color), is best served preparing for crises such as these—deaths of our children in all its forms, and the school community that is left to process the loss and to grieve them. Given both the importance of the task and the likelihood of the necessity to address grief and loss with one's school community, one may expect research

on the statistics and outcomes of school crisis response would be robust. Unfortunately, this is not the case.

Effective School Crisis Response

One thing obfuscating the field of crisis response research and any analysis of the effectiveness of its methodology is broad usage of the term crisis response itself. One must first parse through the body of research more broadly related to crisis response to better understand school crisis response following death in the school community, and its effectiveness. Crisis response is often addressed in the literature as it relates to first responders in medical emergencies, public health scares, and disasters (Clements, 1997; Horst et al., 2020; Leider et al., 2017). Even less relevant to the topic at hand, financial crisis response is also regularly addressed in the literature (Claeys & Cauberghe, 2011; Crijns et al., 2017; Park, 2017).

School crisis response literature tends to focus on preparedness for an emergency or on providing manualized instruction. Although guides on school crisis response originated before Brock et al.'s (2016) training (Lerner et al., 2003; Wanko, 2001), none are as thorough as PREPaRE, particularly as it addresses broad categories of crises and includes a very robust incident command system for systems-level management. Others, such as Bataille et al. (2014), have focused exclusively on university campus management of crises rather than including the K-12 education system. These guides, across all authors, tend to be thorough in their prescription of administrative decisions, and/or rich in anecdotal content based on limited experience, without necessarily or consistently informing best practice with research or aggregated experiences of field practitioners.

Policy on school crisis response is also addressed regularly in the literature, though it

almost exclusively focuses on school safety. Pagliocca and Nickerson (2001), for instance, provide an analysis of school policies on crisis response across the United States, providing a window into the early stages of a post-Columbine zeitgeist focused primarily on the mitigation of disasters and violent events in our schools. The authors confirm this culture shift in their summation, stating that legislation on school safety began to emerge only after “highly publicized events . . . prompted their reaction” even though studies “indicate a steady decline in school violence” (p.23). Continuing the trend toward emphasis on school safety, Eklund et al. (2018) advocated for the increased presence and involvement of School Resource Officers (SRO) in crisis response. The result is a body of literature that is more rooted in the context of public safety policy and the field of justice than education. Understandably, the severity of the events in recent years have necessitated the involvement of law enforcement; naturally, an emphasis toward emergency management and physical safety has emerged. A portion of the literature has even begun to advocate for the inclusion of the school psychologist on threat assessment teams (Cornell et al., 2018; Heslip, 2015), active shooter drills (Erbacher & Poland, 2019), and/or administrative decision making around the prevention of school violence (Strobach & Cowan, 2019).

Some literature on outcomes of crisis response in an educational setting does exist; these resources on school crisis response (in both K-12 and university settings) serve to gather impressions from the field, usually involving qualitative post-analysis of a handful of cases or even a single particularly poignant one. Cornell and Sheras (1998) analyzed outcomes from five crisis responses based on real cases, although only one qualifies as the type being examined in the current study: three students are killed in a car accident after leaving a party while intoxicated. In the ensuing school response that quickly escalates into an untenable educational

atmosphere with inadequate supports in place, the authors attribute the challenges the team encounters to deficits in teamwork and planning prior to the response. Crepeau-Hobson and colleagues (2012) assessed the responses to three Colorado school-based shootings, including the Columbine massacre. Although several aspects of their postvention analysis do not apply to the focus of the current study, the authors emphatically endorsed a PREPaRE-trained centralized staff for responding to district crises.

The Interdisciplinary Group on Preventing School Community Violence (2013) published a position statement following the Sandy Hook school shooting to emphasize the importance of a collaborative and systemic response to school crisis response, though the emphasis is decidedly on violence prevention rather than postvention. Similarly, Tracy and Huffman (2017) analyzed the case of a “near miss” school shooting that was averted by the compassionate action of a school bookkeeper. Again, the emphasis is on preventative measures to potential school violence rather than school response following a death in the community.

Roth and Fernandez (2018) have published a book on the topic of school crisis response that is much more relevant to the current study, with perspectives from multiple professionals reflecting on more than a dozen cases while providing advice for the field. Nearly all the cases discussed are deaths of students and staff that are then addressed by school crisis response teams. Details of sudden, violent deaths, school communities in crisis, and the role social media plays in the school community’s response and recovery are just a few examples of topics covered that resonate significantly with the current research. Throughout the text, factors that contribute to the effectiveness of school crisis response have been anecdotally identified: (a) a well-organized, rapid response, (b) staying “on script” and not engaging in rumors or hearsay, (c) calmness in leadership, (d) coordination of the team, e) the nature of the death in terms of its shock value

and/or violent nature, (f) the unexpectedness or surprise of the death, (g) the conveyance of the death, particularly if witnessed, and (h) the popularity and/or connectedness of the deceased to the community.

Some factors anecdotally identified by field practitioners such as those in Roth and Fernandez (2018) that tend to make crisis response more challenging, while not present in the current state of school crisis response literature, are reinforced through manualized best practices and other psychological literature. For example, Brock et al. (2016) emphasized the concept of proximity in PREPaRE training and its potential impact on the challenge level of a particular crisis response. In other words, the closer a student is (whether physically and/or emotionally) to the deceased, the greater the potential need for a more intensive crisis response intervention. It stands to reason that students and staff that are more connected to their school communities have more proximity to more people. Those connections, when a person dies, have the potential to become points of vulnerability in the community, complicating a crisis response. Lahad and Cohen (2006), out of decades of work with psychologically traumatized children and adolescents, provided an elegant explanation of this concept in their “Circles of Vulnerability.” This model (Figure 1) is particularly relevant after a death by suicide but may be effectively used

Figure 1

Lahad and Cohen's (2006) Circles of Vulnerability Model



to assist in identifying vulnerable survivors of any potentially traumatic crisis. When planning a tiered response, potential recipients of more intensive services are identified in part through their geographical and/or psychosocial proximity to the deceased, as well as their inclusion in a “population at risk.” Geographic proximity includes those that witnessed the event, discovered the deceased, lived near the death event, and/or were exposed to excessive and potentially toxic media coverage of it. Those in psychosocial proximity perceive themselves to be akin to the deceased in social status and/or interests, as well as teammates, club mates, and classmates of the deceased. Populations at risk include students with mental illness, prior trauma or suicidality, and/or those with a limited social support network.

The nature of the death as well as its conveyance, both recognized anecdotally throughout Roth and Fernandez (2018) as potentially challenging to effective crisis response, were also reinforced in Brock et al. (2016) as well as supported in other literature. For instance, the way in which an individual learns of a given death may have an impact on the individual’s response, particularly in the case of violent or shocking death. Giannotti et al. (2020) reviewed 60 studies

pertaining to the notification process of a person's death to their family and friends and identified several variables that may complicate the process, including: (a) circumstances of the death, (b) quality of the communication, (c) characteristics of the context in which the notification is carried out, and (d) presence or absence of sources of support for the survivor(s). Factors favorable to the recipient's emotional outcome included: (a) in-person notification, (b) providing enough time for the processing of the bereaved, and (c) notification of death from expected and natural causes rather than sudden and/or violent death. The need for a protocol with which to convey violent and/or traumatic death to loved ones is further emphasized by de Leo et al. (2015), in which the authors also supported in-person conveyance with adequate supports in place for processing such events.

Evidence suggests that violent deaths (homicides and suicides), perhaps independent of the means of their communication, are thought more likely to be traumatizing. Young Black males from large, urban environments exposed to high amounts of violent deaths, for instance, have demonstrated high levels of psychological trauma later in life (Smith & Patton, 2016), and increased hypervigilance that may manifest as an adaptation to neighborhood codes regarding safety and self-preservation (Singletary, 2020). The conveyance of death most predictive of trauma may very well be that which is witnessed first-hand and/or includes the survivor in the incident. The courts, at least in one instance, appear to have agreed with the traumatic ramifications of witnessed death; the Fourth Circuit ruled that a man was entitled to company-sponsored benefits for posttraumatic stress disorder (PTSD) after accidentally killing a co-worker with his forklift (*Ceres Marine Terminals v. Director*, 2016). Also, the geographical proximity metric within the Circles of Vulnerability (Lahad & Cohen, 2006) included witnessed death as among the most indicative of the need for intervention. As trauma may complicate grief,

potentially traumatic deaths such as homicides and suicides (and certainly any deaths directly witnessed) are judged to be especially difficult during response. There are several such deaths in the characteristic data (Table 6) and many more amongst the cumulative experiences of the experienced practitioners utilized in the current study’s qualitative analysis.

Considering the research in aggregate and analyzing similarities results in a list of commonly agreed-upon factors that contribute to the complexity of crisis response (Table 3).

Table 3

Factors that Contribute to the Complexity of Crisis Response

Factor	Example That Contributes to the Complexity of Crisis Response	Source(s)
Circumstances of the Death	A violent, possibly sensationalized death due to homicide or suicide	Aron et al., 2018; Brock et al., 2016; Gianotti et al., 2020; de Leo et al.,2015; O’Connor & Perkis, 2016; Roth & Fernandez, 2016; Smith & Patton, 2016
Notice of the Death	A shocking and/or unexpected death	Brock et al., 2016; Gianotti et al., 2020; Roth & Fernandez, 2016
Connectedness to the Community	Death of a person with many long-standing relationships and affiliations	Brock et al., 2016; Roth & Fernandez, 2016
Quality/Nature of the Communication	Unclear and incomplete news of the death, including rumors and inconsistencies	Brock et al., 2016; de Leo et al.,2015; Gianotti et al., 2020; Roth & Fernandez, 2016;
Adequacy of Resources	Insufficient and/or poorly trained staff, and absence of (or ignored) procedures	Brock et al., 2016; Cornell and Sheras, 1998; Gianotti et al., 2020; Roth & Fernandez, 2016
Population at Risk*	Students experiencing chronic trauma, mental health challenges, and/or prior experience with death including the same type of death, such as homicides or suicides	Aron et al., 2018; Lahad & Cohen, 2006; O’Connor & Perkis, 2016; Roth & Fernandez, 2016
Proximity:	Close relationships to the deceased through social	Brock et al., 2016; Lahad &

Psychosocial*	connections or affiliations	Cohen, 2006; Roth & Fernandez, 2016
Proximity: Geographical*	Being in the vicinity of the death when it occurred, having an affiliation with the location in which it occurred, and/or witnessing the death	Brock et al., 2016; Lahad & Cohen, 2006; Roth & Fernandez, 2016

Note. * Category specifically identified in Lahad & Cohen’s (2006) Circles of Vulnerability.

These eight factors inform the first two research questions and are applied to the qualitative responses for analysis in Chapter Four: Results.

There is a lack of published research that analyzes the accumulated knowledge of crisis response, particularly that of seasoned field practitioners, to test it against recommended best practices. Furthermore, while manualized programs and consideration of governmental and interagency policy are essential—practice-based evidence where intervention outcomes are realized in naturalized rather than controlled environments (Lung, 2018)—is instrumental in informing and evolving those programs. Response analysis of single high-profile cases of school campus violence, and then the subsequent recommendations that stem from it, is a problematic methodology—and no adequate substitute for aggregated data and/or crisis team research based upon substantial field experience.

The factors which exert the most influence on successful crisis response management are not readily available in the field data. What is considered a “good” crisis response is not, in quantifiable terms, differentiated from a “bad” one, and the factors which make crisis response more challenging are not easily measured. Such distinction between “good” and “bad” response is, however, perceived in the minds of the experienced team administrators, facilitators, and counselors who experience them; numerous accounts of crisis response case studies attested to this (Bredrup, 2020; Roth & Fernandez, 2018). As such, there is a significant gap in knowledge available in the current literature on evidence-based practices for responding to school campus

violence, as well as practice-based evidence from crisis responses in the field. The current study addresses this gap by gathering and analyzing the reflections of a multidisciplinary group of field experts in school crisis response in order to better understand what impacts the crisis team's ability to effectively respond to a death in the community. Analyzed reflections have been compared to conceptualizations from current research and best practices, specifically those identified by multiple sources such as the group of factors provided in Table 3.

Contextualizing School Crisis Response for Bereavement

While outcome-based research on school crisis response following the death of a student or staff member may be scarce, there are frameworks in fields adjacent to school psychology that lend insight to school crisis response best practices. One such framework is the medical triage model. Triage can be broadly defined as a means, during a mass emergency, of quickly prioritizing needs of the injured by determining “the clinical priority of patients based upon their presenting features” (Polat et al., 2018, p. 152). Assessing the mental well-being of students and staff following the potentially upsetting news of a death in their community undertakes an analogous methodology to that practiced in medicine following a large-scale disaster. In both Aron et al.'s (2018) and Brock et al.'s (2016) methodologies, school staff are informed of the crisis and assessed first. This procedure is not only an ethical imperative, but also a logistical one in that most school staff are relied upon to conduct the classroom announcements during universal supports as well as assist in prioritizing students with the highest emotional needs per the triage model. Students demonstrating the most emotional distress (either via outward expressions of grief or withdrawal) in addition to those who are identified via relationship proximity to the deceased (e.g., teammates, close friends, relatives, etc.) are identified for secondary intervention through the crisis team (Brock et al., 2016). Others still, particularly

among older students, self-identify for crisis team assistance.

The process of quick and efficient identification of individuals potentially at risk of additional psychological distress and/or harm benefits from a heuristic. Utilizing a model such as Lahad and Cohen's (2006) during triage to help identify potential students in need of additional support is essential to a school crisis response. The intensive supports delivered during the immediate response are most often conducted via individualized and small group counseling. Applying the medical triage model to a K-12 environment is not entirely novel; Laing (2020) promoted the value of adapting a medical model to a school system, albeit for strictly educational—rather than therapeutic—purposes. “Psychological triage,” or the application of a medical model during mental health distress, is also a term that reflects this methodology (Stroud, 2012).

Another framework outside traditional school delivery models is the method of counseling itself employed during school crisis response. This form of therapy significantly differs in quality and design from that which is typically provided in more traditional therapeutic settings such as clinics and offices where the client is seen on a regular recurring schedule and not necessarily amidst an emotional crisis. Very often, particularly when utilizing centralized staff during a response, the client and crisis counselor will have exactly one session together, though it may vary in length from several minutes to several hours (Brock et al., 2016). This session also tends to vary somewhat in application (given the type of distress presented by the client, be it withdrawal or extreme emotionality or anger, for example).

“Single Session Therapy” (SST) is well-established in the research. SST began to be recognized as potentially valuable more than 30 years ago when clients who had broken off therapy after one session were tracked down in order to ascertain what had happened. A

surprising number of those clients (78%) reported that the reason they discontinued therapy after one session was because they felt better (Talmon, 1990). This discovery led not only to a perspective shift on the potential cause of client-discontinued therapy, but also prompted further research that has spanned decades regarding the benefits of SST. Research has shown not only that nearly half of all therapy clients tend to only attend one session, but that the majority of those are satisfied with the results (Harper-Jacques et al., 2008). SST has also been shown to be effective at reducing problem distress and increasing general functioning, gains that were often still maintained months later (Stalker et al., 2012). Furthermore, the clients themselves have generally found SST to be responsive to their needs and were not discouraged by the fact that therapy would take place over a single session (O'Neill, 2017). SST has also been found effective with adolescent populations dealing with mental health challenges (Perkins & Scarlett, 2008), and when utilizing growth-mindset strategies with children suffering from depression (Schleider & Weisz, 2018; Schleider et al., 2020). SST has even begun to garner attention as an effective tool during virtually delivered therapy that has become a necessity since the pandemic began (Taitz, 2022).

Interestingly, the treatment methodology utilized during SST varies, as one would expect given the wide range of applications (and populations) promoted in the research. In this way, its most defining characteristic may be what's conveyed in the title itself: that the client's improvement occurs during a single session. However, some characteristics have been identified in the interest of somewhat codifying SST within a theoretical perspective, namely that the practice is conceptualized as an attitude or approach more than a therapeutic model (Campbell, 2012). The fundamental underpinnings of the SST framework assert that clients do not need multiple sessions to receive relief from symptoms, and that they are empowered to connect with

strengths, resources, and solutions to their problems (O’Neill, 2017). This framework is shared with the goals and methodology of school crisis response therapy, to connect students with their own strengths and support systems in the interest of relieving emotional distress.

One criticism of the design of SST, which is its potential to discourage the client up-front by only arranging for one session (where more may be warranted or desired), has been countered by proponents of the model who treat every first session as a potential SST. In this way, the model allows for the fact that many (half, by most research) will be satisfied after the single session and the others can continue as necessary (O’Neill, 2017). The issue of client discouragement due to over-focusing on a single issue is also largely ameliorated in the context of crisis response, because although the clients may have other underlying issues, the most prevalent at the time of crisis is distress from the news of a friend or teacher’s passing. In this way, each student who arrives for crisis response counseling is seeking assistance with an immediate acute need, something that aligns remarkably well with the SST framework.

Defining the Goal of School Crisis Response: Reequilibration

To better understand the needed direction for research involving crisis response, it is helpful to assess the fundamental purpose of the school crisis response team. The primary goal of school crisis response is to eventually restore a sense of normalcy to the student—and ultimately school systems—in what essentially amounts to a return to typical functioning (Brock et al., 2016). Fundamentally, this concept is not aligned to standard educational intervention paradigms that tend to work from “baseline” data as a starting point to be improved upon rather than a goal to be regained. For example, the typical language development intervention measures baseline at the outset in order to gauge expected progress as its increasing distance from this defined starting point (Dowdall et al., 2020). Many—though not all—social and emotional interventions

practiced by school psychologists in the field also align to this paradigm. For example, Krier and Lambros (2021) implemented a multiple baseline design in their study of improved social skills for children with Autism Spectrum Disorder (ASD). Similarly, reduction of impulsivity in children with Attention-Deficit Hyperactivity Disorder (ADHD) in Miranda et al.'s (2013) study compared the control and experimental groups to their baseline functioning data to assess progress. In all such cases, baseline is the initial measured functioning that is considered to indicate the level of need or concern and compared to the intervention data to determine the effectiveness of the intervention.

In contrast, baseline during crisis response—due to the unpredictable nature of crisis itself—is difficult to measure with any certainty, and largely theorized after the intervention begins. Perhaps most importantly, it represents a goal to be attained rather than a starting point from which to improve. Such conceptualization of a return to pre-event functioning as a goal is not unique to school crisis, of course. In the medical field, for instance, this conceptualization has informed treatment options following brain injuries such as concussions (Dobney et al., 2018; Kontos et al., 2012). Even more relevant, treatments for psychological trauma often adhere to such a framework of returning to baseline functioning in terms of measuring progress where “pre-trauma” may be used in this context as a replacement for the term “baseline” (Orr et al., 2012; Vetere et al., 2013). Similarly, it is best to conceptualize “pre-crisis” functioning, rather than baseline functioning, as the primary goal of crisis response. Figure 2 illustrates the fundamental differences between typical school interventions and a crisis response.

Figure 2

Fundamental Differences between Typical School Intervention and Crisis Response

	<u>Initiation</u>	<u>Prior Functioning</u>	<u>Goal</u>
Typical School Intervention	<i>Screening/Referral</i> <ul style="list-style-type: none"> Planned Targeted 	<i>Baseline</i> <ul style="list-style-type: none"> Measured 	<i>Improvement from Baseline Functioning</i> <ul style="list-style-type: none"> Measured
Crisis Response	<i>Crisis Event</i> <ul style="list-style-type: none"> Unexpected Random 	<i>Pre-Crisis</i> <ul style="list-style-type: none"> Theoretical 	<i>Return to Pre-Crisis Functioning</i> <ul style="list-style-type: none"> Observed

Note. This conceptual model demonstrates the key differences between a crisis response and a typical school intervention, primarily in the way they are initiated, how baseline or pre-event functioning is assessed, and how the primary goal is defined.

As indicated in Figure 2, the assessment of a return to pre-crisis functioning, rather than being directly measured, is observed by the members of the crisis team on the day of a response. Additionally, pre-crisis functioning is largely theoretical because, by virtue of the unpredictable nature of crises, it cannot be measured in the way one assesses a traditional baseline. Furthermore, the means to achieve this can remain elusive or inconsistent to those involved. In one qualitative study examining the perceptions of principals who'd had the task of restoring their buildings to normalcy after the homicide of a student, there was not clear consensus as to how this was achieved (Lockwood, 2019). However, pre-crisis functioning *can* be described; it was broadly explained more than 2 decades ago by Cornell and Sheras (1998) as getting “back to normal” (p.307), and throughout Roth and Fernandez (2018) as a “return to normalcy.” This return to pre-crisis functioning has been defined in more detail by Aron et al. (2018) as “reequilibrium.” Although the authors have specifically applied this to suicide postvention, the

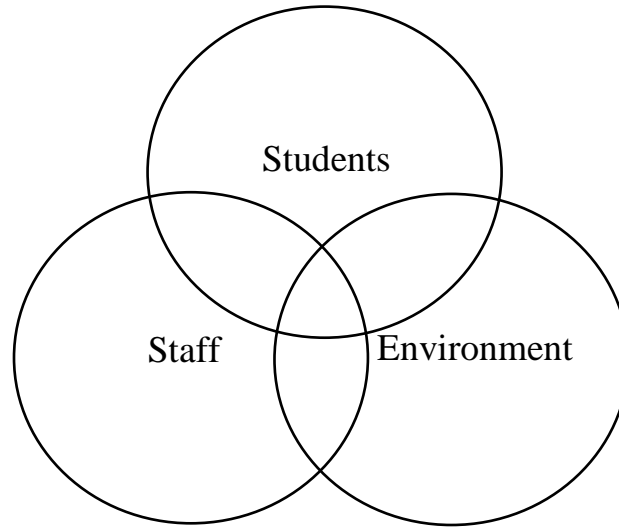
concept has relevance for responding to all types of student and staff death. The aim to achieve reequilibration is manifested during individual counseling when crisis response counselors meet students while in a state of emotional distress and work to ease that distress. It is precisely this goal of returning to the pre-crisis state that has been promoted in formalized training (Brock et al., 2016) and anecdotally observed in the field (Roth and Fernandez, 2018).

Reequilibration is conceptualized as both student and whole-school outcomes, described as an “interval when most students return to regular functioning” (Aron et al., 2018, p. 609), wherein students return to pre-crisis social and emotional functioning and schools return to pre-crisis levels of class schedules and routine. The concept mirrors best practices that promote stabilization as well as whole-school service delivery (Brock et al., 2016), in addition to serving as a reminder to the school psychologist that the larger school body is as much a client as the bereaved, though their needs differ. Most students (80% or more according to the current researcher’s experience) will require structure and normalcy following the loss of a student or staff member, while the remainder will require targeted interventions for grief (and in the very few instances where death is witnessed and/or on site, for trauma). The crisis response team, therefore, is primarily tasked with maintaining a balance between these needs while restoring normalcy to the overall building as quickly as possible (Aron et al., 2018; Brock et al., 2016).

Returning to pre-crisis functioning can further be illustrated in the three categories that most impact it within a school building: students, staff, and environment. While these three categories often overlap, they also contain aspects of exclusivity (Figure 3). This illustration, adjacent to Lahad & Cohen’s (2006) Circles of Vulnerability (Figure 1), provides conceptualization of just how complex reequilibration may be for a given response team. For

Figure 3

Intersection of Reequilibration Categories



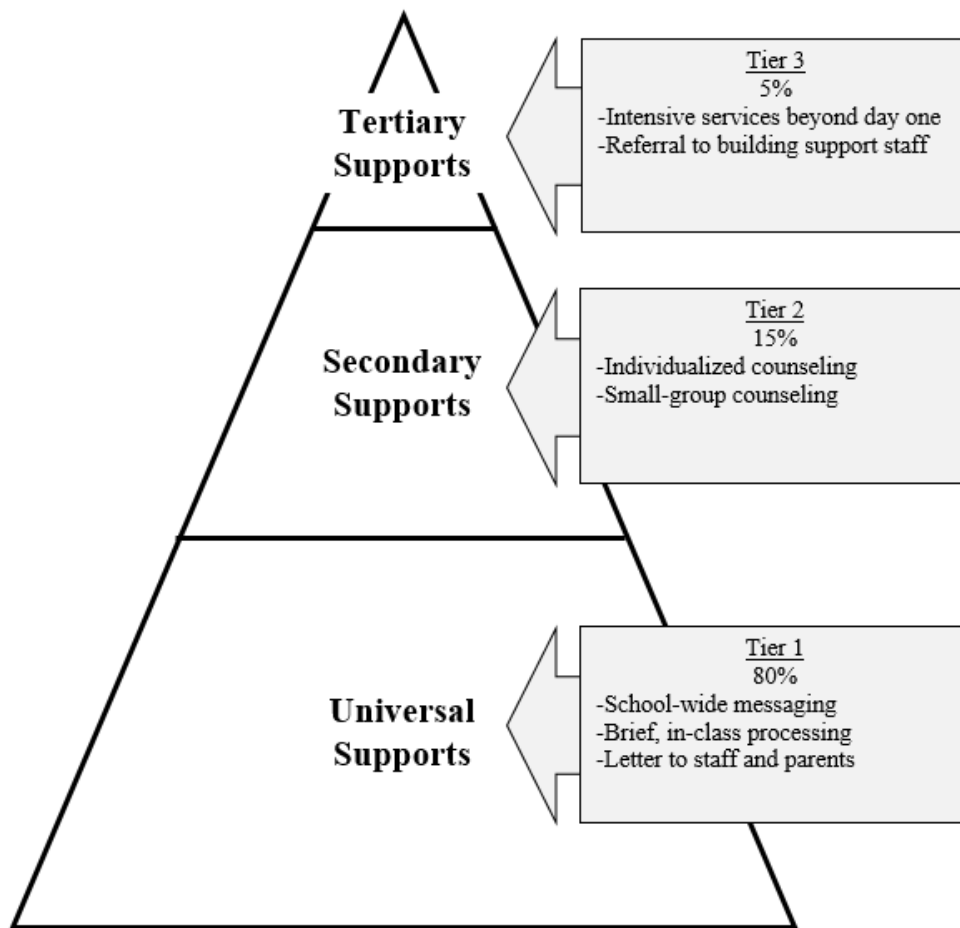
Note. Crises that require re-equilibration impacting multiple categories (within the middle of the diagram) are likely to provide greater challenges for the response team.

instance, an environmental consideration such as a building containing makeshift memorials (which are important to monitor due to their capacity to cause additional harm (Brock et al., 2016)), will have to be addressed one way, while one that also includes distraught students dedicated to maintaining those memorials, requires even more consideration. Another example of how the intersection of these categories can complicate a response is if staff—in addition to students—are also visibly distraught following a death. When staff require more intensive intervention following a crisis, their ability to assist in aiding students becomes significantly impacted. Such crises with prolonged reequilibration concerns involving multiple categories may take longer to restore to pre-crisis functioning (Aron et al., 2018; Roth and Fernandez, 2018). Students who do not achieve reequilibration during the initial crisis response tend to require further intervention, while an even smaller number may need longer-term individualized support. Staff and school building environments are addressed similarly, with the majority returning to pre-crisis functioning during the initial response and a small number requiring extended services.

Rooted in this conceptualization is the framework of multi-tiered systems of support (MTSS), a tiered, data-based decision-making model for interventions that traditionally includes the collaboration of school psychologists and building administrators (Eagle et al., 2015). MTSS is a school framework for the delivery of supports and interventions aligned with the needs of the students that are evidenced in both data analysis and observation of behaviors (Stoiber, 2014). Within the MTSS framework, universal supports are provided to the entire school, while secondary supports are provided to students still in need, and tertiary supports to those who require more intensive supports than those provided in the other tiers (Eagle et al., 2015). Crisis response—centered upon a collaboration between building administrators and school psychologists in delivering tiered interventions according to need—is well-suited for this framework (Figure 4).

Figure 4

School Crisis Response within an MTSS Framework



Note. The tier percentages for crisis response provided here are estimates that are consistent with MTSS theoretical expectations (Jimerson et al., 2016; Stoiber, 2014). While approximately 80% of students, on average, may require no more than universal messaging, another 15% may require direct intervention from the crisis response counselors while typically no more than 5% may require additional services beyond the team’s initial scope.

Because a return to pre-crisis functioning, or reequilibration, is theorized from observations rather than directly measured, it is resistant to quantitative methodology. Furthermore, the degree to which a response team achieves reequilibration efficiently and successfully is not easily operationalized. For this reason, qualitative analysis is particularly germane to this topic. One example of a qualitative tool for assessing reequilibration is the Crisis Postvention Questionnaire (Appendix D) utilized since 2021 by the district staff participating in the current study. The questionnaire is filled out by a district trauma care specialist during an

interview with building staff approximately a week after a crisis has occurred. These specialists, with educational backgrounds in teaching, counseling, and social work, are trained specifically in a Trauma-Sensitive Schools (TSS) framework. The TSS framework seeks to address any student needs resulting from exposure to psychological trauma by creating an educational environment that is more sensitive and responsive to them (Craig & Stevens, 2016; Downey & Greco, 2023). Any particular needs indicated during the postvention questionnaire process can then be addressed, assisting district personnel in identifying issues that may persist beyond the initial response period. In the event that further centralized supports are needed, they may be used to supplement those available in the building.

More broadly, qualitative analysis of perceptions of school personnel is already well-represented in the literature in ways related to the topic at hand. School mental health services have been assessed through feedback from therapists (Massey et al., 2005) and school nurses (Jönsson et al., 2019) among others. The perception of school psychologists about barriers to consultative practice is another such example (Newman et al., 2018). Qualitative analysis of school crisis response, in alignment with the current public and legislative emphasis, has tended to be related to on-site emergencies such as school shootings and other violence (Daniels et al., 2007; Fein & Isaacson, 2009). In instances of on-site disasters and acts of violence, a return to pre-crisis functioning may be more concrete than in instances of mental health needs, since this methodology emphasizes physical reunification with families and a cessation of the active threat as its primary goals.

There are some limited examples in the research of qualitative analysis of the perceptions of school crisis team responders. For example, Bredrup (2020) exclusively queried school social workers about crisis response experience with middle and high school students; however,

analysis of how reequilibration may be defined was not explicitly included. Adamson and Peacock (2007) surveyed school psychologists regarding crisis preparedness, training, and experiences; similarly, Mayock (2018) probed new school psychologists regarding their readiness to address crises in their buildings. In all three studies, the conceptualization of a return to pre-crisis functioning or reequilibration was not explicitly addressed. One reason for this may be the inexperience of many of the participants. Although targeting novice crisis responders (and those with experience unknown to the researcher at the time of the query) is crucial to studies assessing breadth of preparedness and training methodologies, it limits one's ability to assess knowledge regarding effectiveness and understanding of reequilibration. For instance, Bredrup's (2020) study included participants with experience in at least one crisis in the last 8 years. While this requirement is not unrealistic as a participation threshold when querying professionals from smaller districts, it is well below the expected average experience of a crisis responder in a district such as the large, urban one utilized in the current study which has averaged approximately 25 crises per school year since 2016 (Table 6). Perceptions of a singular experience, though useful in other ways, cannot be expected to provide the same quality of reflections informed by the context of multiple crises.

Roth and Fernandez (2018) have gathered recollections of responders following their experiences with specific case studies, and although each is speaking to a single case example, the majority of chapter authors (including Roth and Fernandez) have years of experience on crisis response teams. Perspectives within the book, therefore, are more germane to the current study and also address the concept of reequilibration to some degree. Though not explicitly addressed, recovery of the school was often framed by the authors as occurring in both the short and long-term, which is consistent with Aron et al.'s (2018) concept of reequilibration occurring

in multiple stages. Recovery on the day of the response has frequently been described as students getting back to class and there no longer being a need for pull-out counseling; in other words, when students stopped self-referring or arriving at the breakout areas, pre-crisis functioning was achieved to a manageable degree. Roth and Fernandez (2018) also have asserted that the return to pre-crisis functioning is impacted by building climate and sense of community in the school itself.

The literature—while containing some examples of perceptions of experienced school crisis responders in isolated cases—lacks a robust qualitative analysis of crisis response outcomes as perceived by a multidisciplinary group of team leaders and counselors with a large body of experience in the field, working in collaboration on the same cases. Such methodology, interviewing experienced field experts regarding their perceptions of a given technique or program and its efficacy and defining characteristics, is a well-established research practice. For instance, Reddy et al. (2017) collected attitudes and beliefs of school psychology university trainers regarding evidenced-based practices, and Román-Rodríguez et al. (2017) queried experienced physicians regarding their experiences with motivational interviewing with asthma patients. Preparedness to address specific challenges is also often examined qualitatively, such as one study which assessed the competence of teachers educating deaf and hard of hearing students with comorbidity (Musyoka et al., 2017), or another which examined student perceptions of the school's preparedness for lockdown drills (Schildkraut et al., 2020).

Rather than assessing preparedness of new psychologists or those in the field who are inexperienced or untrained in crisis management, the current study targets a group of experienced crisis responders. Furthermore, instead of one landmark case or a few case studies, the current analysis incorporates the collective impressions of practitioners who've worked in a

school district that's experienced hundreds of cases over several years, providing a meaningful comparison between field observations and published best practices.

Chapter Three: Methods

Targeting the First Two Tiers of MTSS

As the primary goal of crisis response is achieving reequilibration for students and school (Aron et al., 2018), the perception of experienced responders regarding how and when this is achieved may prove invaluable. While investigating the specifics of reequilibration and the factors that impact the success of a school crisis response, the current study focused on the first two tiers of the MTSS model because it is in those interventions that the crisis response team intersects, examining outcomes related to universal and secondary supports. These support tiers first address the needs of all students at once, then layer on further interventions for those identified in need of more support that can be delivered in small group format and/or within a single session or day, as illustrated in Figure 4 above. Because tertiary (tier 3) supports are implemented by building-based staff once the centralized crisis response team has left (Brock et al., 2016) and have the potential to extend to long-term interventions and referrals to community support agencies, they were therefore not directly addressed in the current study. Rather than the type of service delivered in SST, these include extended therapy, coordination of community and family supports, and evidence-based interventions for grief and/or trauma. The combination of a descriptive context of aggregated crisis response statistics with perceptions of experienced school crisis responders is intended to provide unique insight into these first two tiers of service delivery that will support best practices with field experiences.

Research Questions

The current study primarily investigated two key foci: (a) how reequilibration is

conceptualized, and (b) which factors complicate crisis response. The aggregated, longitudinal crisis response data (Table 6) served as the descriptive context within which qualitative analysis of perceptions of experienced responders occurred. Additionally, the study provided insight into the characteristics of staff who choose to do school crisis response work.

When traditionally assessing whether reequilibration is achieved, the members of crisis response teams—particularly those who’ve experienced many crises over multiple years—typically rely on anecdotal assessment of the functionality of the building procedures in collaboration with building administrators (Roth & Fernandez, 2016). This anecdotal perception is also sometimes described as “I know it when I see it.” However, the aim of the current study was to better understand the composition and defining characteristics of reequilibration, to better understand whether the characteristics defining it are shared among practitioners, and in fact shared between crisis response leaders (team administrators and/or facilitators) and those engaged in direct service with students (counselors).

Furthermore, it is important to identify which factors impact the successful delivery of a school crisis response intervention, creating potential complications for the team. Also, do these factors align with what is informed through best practices? Do crisis responses that are deemed particularly challenging in the perceptions of its team members have factors in common, factors that are aligned with best practices (Brock et al., 2016; Lahad & Cohen, 2006), as well as those indicated by current case study research (Roth & Fernandez, 2018) and broader analysis of conveyance of death in other contexts (de Leo et al., 2015; Giannotti et al., 2020)? Furthermore, do discernible differences exist between the perceptions of crisis response leaders (team administrators and/or facilitators) and those engaged in direct service with students (counselors) regarding these factors? Lastly, are there any differences in self-perceived staff characteristics

between crisis response leadership and direct service providers? The formalized research questions are as follows:

R1: Will the concept of reequilibration (pre-crisis functioning) align with that which is outlined in best practices (returning to normalcy in routines and a reduction in students requiring supports)?

R1a: Will the concept of reequilibration (pre-crisis functioning) be consistently defined across participants and between subgroups (leadership and direct service providers)?

R2: Will perceived factors that may complicate crisis response align with those outlined in best practices?

R2a: Will perceived factors that may complicate crisis response be consistent across participants and between subgroups (leadership and direct service providers)?

R3: Will members of subgroups (leadership and direct service providers) describe their suitability for crisis response work differently?

Participants

A single large, urban school district located in the Midwest served as the source from which participants were solicited. The school district (as of the mid-point of the 6-year data span) was comprised of over 75,000 students with diverse demographic backgrounds: 82% from economic disadvantage; 20% of students receiving special education services; 15% of students identified as English Language Learners; Racial ethnicity: 54% Black, 27% Hispanic, 11% White, 7% Asian, 1% Other. As a means of comparison to other districts in the United States, According to Riser-Kositsky (2019), as of the 2019-2020 school year, only 2.2% of K-12 school districts in the country had enrollments larger than 25,000 students. Another means of considering the threshold required to label a school district as “large” is provided by The Council

for the Great City Schools (CGCS), whose criterion for membership is a district with greater than 35,000 enrollment in a city with more than 250,000 residents (<https://www.cgcs.org/>); 78 such districts are presently members of the CGCS, including the district in the current research. In total, there are more than 13,000 school districts in the United States (Riser-Kositsky, 2019).

Characteristic data from the past 6 years of crisis response are presented in aggregate (Table 6). These 6-year data, though not collected prior to 2016, appear representative of the lived experience of the primary researcher and fellow crisis team administrators over the past fifteen to twenty years, during which an estimated 300 or more crises were responded to in the district. In other words, the data summarized in Table 6 do not appear, on face value, to be atypical when compared anecdotally across a greater timespan.

The current study included participants for qualitative analysis that were distributed between two sub-groups: crisis team leaders and crisis team counselors. Each had several years of experience in crisis response that included all (if not most) of the period in which the characteristic data were gathered. The pool of participants was entirely comprised of people who were currently serving (or had recently served) as crisis response team administrators, facilitators, and/or counselors. The sample was comprised of school psychologists and school social workers by licensure. The pool of professionals from which the participants were solicited volunteered as members of the district crisis team. Many served multiple years and due to the high volume of crises in the district, frequently served on multiple response teams during a single year. Demographic makeup of the proposed participant sample was gathered during the interview (Appendix C), including current role on the team, licensure (psychologist or social worker), number of crisis responses, and years of experience in the field.

The sampling of participants that was undertaken may be conceived of as both

“purposeful” and “criterion-based.” Purposeful sampling is especially used to gain specific insight from expert consultants, not to gain responses from “average” practitioners but rather from individuals with specific expertise in the area of question (Chein, 1981; Patton, 2015). Because the first research question posed pertains to conceptualizing reequilibration during crisis response, responders with extensive experience in returning school communities to baseline functioning are the ideal sample. Similarly, the current sampling was a criterion-based selection as it was based upon aligning participants to pre-determined attributes (described below) believed to be crucial to the study and the insights it may provide (Lecompte & Schensul, 2010).

The participants for the current study were solicited to voluntarily participate and informed that consent could be withdrawn at any time (Appendix A). Criteria for participation included 3 or more years of experience on the crisis response team and having actively participated in 10 or more crises. A database of crisis team members and their involvement from 2016-2022 and training records were used to identify potential participants. This request was sent via an email from the primary researcher and included approximately 70 recipients, containing documentation providing information on informed consent, the assurance of personal de-identification, and the written guarantee that the interview is non-evaluative and cannot trigger disciplinary measures of any kind. To further minimize any conflicts of interest, any potential participants that met the criteria for inclusion but who were directly evaluated by the researcher (i.e., reported directly to the researcher within the district administrative hierarchy) were excluded from participating. There were two such potential participants who were utilized during a piloting process further elaborated upon in Chapter Three (Methods) in the Source One: Semi-Structured Interview section.

The sample was divided as evenly as possible between crisis team leaders (administrators

and facilitators) and counselors, allowing not only for aggregate analysis across job responsibilities but also a comparative analysis between leadership and those more actively engaged with the students during typical crisis response. All crisis response administrators have served in all roles, and all facilitators have served as counselors as it's a prerequisite to those jobs. The rich, informed impressions of such individuals is invaluable to the qualitative analysis and may be of particular interest as it relates to the impressions of experienced responders who have exclusively counseled students directly. In other words, this methodology provided the opportunity to examine whether the two types of participant groups possessed any distinct differences in their perceptions of reequilibration and/or the characteristics of successful and challenging crises. Potential participants were solicited from the list of those that met the selection criteria, a number originally judged, based upon the database records, to be no more than 65 potential individuals. Once the individuals from the list who volunteered were identified, each was contacted to arrange an interview (details in Measure section below).

Procedures

Data Collection

A crisis log was centrally housed and utilized by crisis team leadership throughout the entire time period of data collection (2016-2022). After each crisis response, the lead facilitator in cooperation with the team administrator on the case entered response data in a log that is shared among team leadership. Data collected during the responses included date, school, student name, student gender, student grade, type of death (descriptor), type of death (coded), whether a gun was involved (yes/no), time spent on response, number of responders utilized in response, and narrative (incident and notes). Type of death was entered as a descriptor (e.g., automobile accident, terminal illness) as well as coded from 1-4, pertaining to the manner of death. Type 1 is

health-related or medical, such as complications from asthma or a terminal illness. Type 2 is accidental, such as choking or a car accident. Type 3 is homicide. Type 4 is suicide.

These data were de-identified and exported into SPSS for further analysis of categorical variables in a Chi-Square analysis: population (elementary school, middle school, high school, staff), and type of death (medical, accidental, homicide, suicide). Whether or not a gun was involved in the death (which is not a mutually exclusive category) was also included for analysis. Log items not included for analysis in the current research and therefore not exported to SPSS were date (other than the school year), school, student name, student gender, time spent on response, and number of responders utilized in the response. Items were removed from analysis for three reasons. The first reason was the need to redact identifying information (specific date, school, name). Second, gender was removed since it bore no direct relationship to the research questions. Lastly, time spent and response and number of responders were removed. These categories were initially considered potentially useful to helping determine the presence of complicating factors for a given response or the reequilibration process—concepts directly related to the second research question. However, the entries lacked standardization and validation such as a commonly used determination of the length of time spent and/or verification of the number of staff utilized. Additionally, these categories were judged to be influenced by a variety of factors beyond the challenging aspects of the crisis response and were therefore not useful for analysis. Finally, the narrative (incident and notes) of each case was not included in the quantitative analysis but utilized in the qualitative analysis.

Recruitment

Recruitment efforts targeted staff from the same large, urban K-12 school district utilized for characteristic data of crisis responses (Table 6). School psychologists and school social

workers who had served on the crisis response team in any of their roles (administrator, facilitator, crisis counselor) between 2016-2022 were initially considered for participation. Information regarding individuals serving on the team is stored in a centralized database, which also included experiential data (number of crisis teams) as of 2018. That data, coupled with information from current lists and recent log data, informed a filtered potential participant list reflecting the inclusionary requirements of the study: 3 or more years of experience on the crisis team, involvement in 10 or more crisis responses. Exclusionary criteria regarding supervisory hierarchy were then applied, which removed two individuals (both administrators) from the list as they directly reported to the primary researcher. The two individuals removed were then utilized for piloting the interview process.

A maximum of 63 potential participants were identified. Respondents then endorsed their experience (number of crises and years of experience on the team), which served as a verification of the database records. Of this pool, 20 qualified candidates expressed interest. These candidates were contacted multiple times by the research assistants to obtain informed consent, of which 10 returned the informed consent forms (Appendix B). When re-contacted by the research assistants for interview dates/times, eight ultimately chose to participate in the interviews, for an overall response rate of 12.7% (comprised of 30% from team leadership (facilitators and administrators) and 9.4% from counselors). The composition of the group is provided below in Table 4.

Table 4

Interview Participants

Participant	Licensure	Role	Number of Crises	Years of Crisis Response Exp
1	Social Worker	Counselor	16-20	6-10
2	School Psych	Facilitator	21-25	3-5

3	School Psych	Counselor	10-15	3-5
4	Social Worker	Counselor	25+	11-15
5	Social Worker	Facilitator	25+	6-10
6	School Psych	Counselor	16-20	11-15
7	Social Worker	Counselor	16-20	6-10
8	Social Worker	Facilitator	25+	6-10

Overall, the balance between counselors (five) and facilitators (three) was relatively even, allowing for comparison of the response subgroups (leaders and counselors) during qualitative analysis of responses related to the research questions. Though the leadership team did not include any administrators (three expressed interest but ultimately chose not to participate), the inclusion of facilitators allowed for robust comparative analysis across roles. The group had direct field experience in several crises and many years of experience on the crisis team. Eighty-six percent of the participants had direct experience in 16 or more crises, with 43 percent involved in more than 25 (Figure 5). Additionally, 75 percent of the participants have had 6 or more years of experience on the crisis team, with 25 percent possessing 11-15 years of experience on the team (Figure 6).

Figure 5

Participant Number of Crises

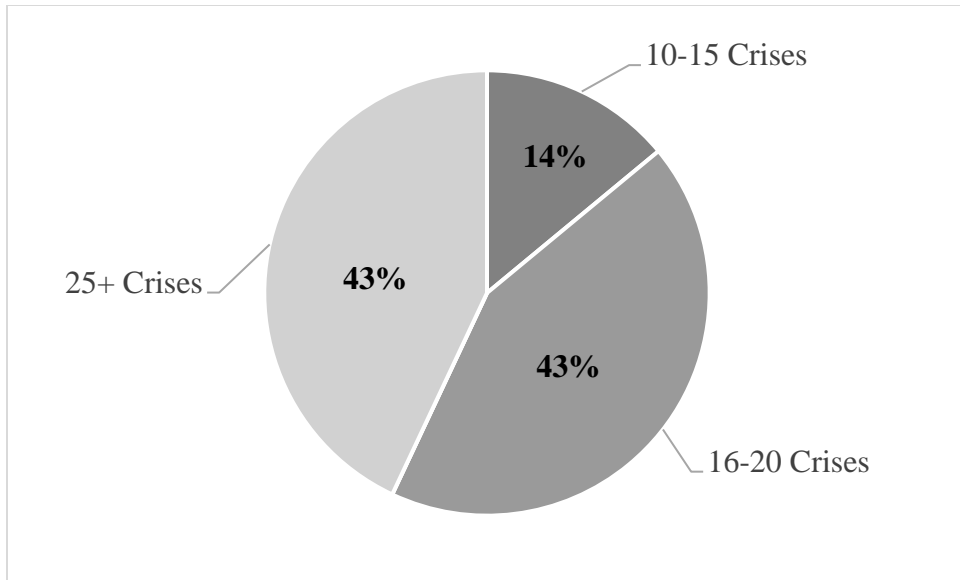
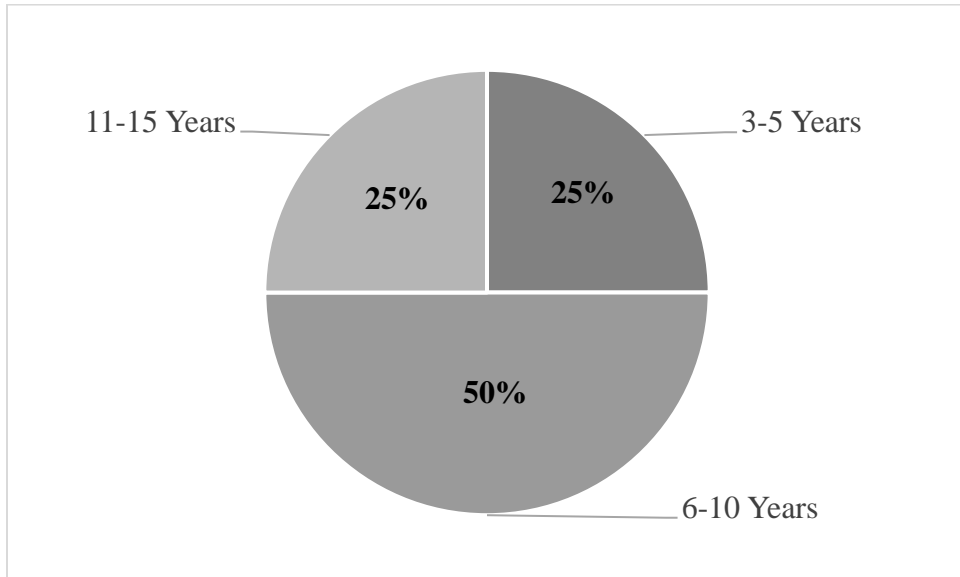


Figure 6
Participant Years of Experience on the Crisis Team



To ascertain whether the respondents could reasonably be labelled “experienced,” a review was conducted on crisis response experience levels that had been published in the literature. Roth and Ferndandez’s (2018) important collection of case studies from the field

unfortunately did not include data on the overall prevalence of crises experienced, though the contribution of more than a dozen credentialed practitioners with years in the field indicated a significant level of experience. Specific data on the experience (in years and/or number) of practitioners in school crisis response are not widely reported, though some examples exist. Bredrup's (2020) qualitative research on responder perceptions included the criteria of involvement in at least one crisis in the past 8 years, and 18 participants endorsed anywhere from five to 30 crises over their careers ($M=15.8$ years). Adamson and Peacock's (2007) survey about crisis response perceptions was extensive, across 36 states and including 228 participants, but did not gather information on the total number of crises each respondent experienced as a team member, nor specific years of experience (if any) as a member of the response team. These are described as having happened at schools at which the participants worked rather than necessarily experienced while serving on a response team. Adamson and Peacock (2007), however, reported a total of 542 crises endorsed among the group, for an average of 2.37 per participant in the span of their career. The mean years of experience (as school psychologists) of participants in the study was 18.41 years. Another smaller survey (33 participants) of school psychologists was conducted more recently, where 58.8% of practitioners (with a mean career length of 13.47 years at the time of the survey) endorsed having been involved in a crisis response for the sudden death of a student, with 50% having experienced a suicide and 20.8% experiencing a homicide (Villa, 2021). Ranges tended to be rather wide in the study, with experience of student or staff suicides between zero and nine incidents depending upon the respondent. Overall, participants endorsed involvement in 9.2 crises involving the death of a staff member or student over the course of their careers.

A direct comparison to the current research, in terms of prevalence, cannot be made from

these disparate sources. However, their content, when taken in aggregate, is detailed enough to let one confidently assert that crisis responders in the current research can aptly be labeled “experienced” given their inclusion in multiple crises per year over a period of several years (Table 5).

Table 5

Experience of Crisis Responders Across Comparative Studies

Study	Type	N	Experience in Years	Number of Crises*
Adamson & Peacock (2007)	Quantitative (Survey)	228	M = 18.41	M = 2.37
Bredrup (2020)	Qualitative (Interview)	18	M = 15.8	5-30 (range)
Villa (2021)	Quantitative (Survey)	34	M = 13.47	M = 9.2
Current Study	Qualitative (Interview)	8	3-15 (range)**	10-25+ (range)***

Note. *This number includes only crises involving death of a student or staff member, as some studies also aggregated other crises such as natural disasters and suicide attempts.

**Experience in years for the current research reflects years serving on the crisis response team, not years in career, which was not collected and therefore cannot be compared directly. As team members in the current research are not allowed to participate until after the first two years of their career and a minimum number of 3 years of crisis team experience was required, the minimum years or career experience for anyone in the current research is five years.

***The range for the current study includes 25+ and therefore does not measure the upper number of crises beyond 25. Three out of the eight (38.5%) respondents were involved in more than 25 crises.

Additionally, the participants in the current research were currently serving (or have served) on the district crisis response team for several years, three of the eight (37.5%) in a leadership capacity. This degree of involvement in crisis response necessitates a level of training and experience across multiple schools and school years that is not clearly specified in the studies compared in Table 5. In fact, while some data on team composition was gathered and there are participants in the studies that have served on teams, the studies primarily sought to understand perspectives that came from exposure to crises more than experience at having participated on teams. Many participants across studies were identified as serving in one or a few

buildings for long periods of time. As the current research specifically targeted the perceptions of frequently utilized crisis response team members responding at a district level that necessarily expands the experience to multiple school environments and cultures, this distinction further confirmed their status as “experienced” responders.

Source One: Semi-Structured Interview

Each participant was interviewed individually using a semi-structured clinical interview (Appendix C). Individualized interviewing with open-ended, guided questions (a small number of standard questions with probes as necessary) is both a common technique of qualitative analysis and a highly recommended means of obtaining relevant information pertaining to one’s research questions. This method allows for flexibility with some specific data required of all respondents, allowing the interviewer to “respond to the situation at hand, to the emerging world view of the respondent, and to new ideas on the topic” (Merriam & Tisdell, 2016, p. 111).

Especially pertinent to the research questions at hand, such interviewing excels at gaining insights into participant opinions about a given topic (Rowley, 2012). More specifically, an automated survey is less likely to capture the richness and breadth of experience being sought in the sample of experienced personnel in the field who were the focus of the current study. In addition, an automated survey does not permit the researcher flexibility to further explore concepts mentioned by the participants. Under such circumstances—especially considering the homogeneous nature of the sample in terms of work environment, experience, and training models—anywhere from 8 to 12 participants was predicted to be more than adequate to achieve “saturation.” Saturation has been defined as the point at which further responses only serve in being redundant to data already gathered (Jette et al., 2003; Mason, 2010). Since qualitative data were evaluated while being collected—a methodology strongly encouraged in qualitative

research (Merriam & Tisdell, 2016), the point at which saturation became evident assisted in ultimately determining the number of participants utilized in the study (eight). The primary investigator of this study instructed the research assistants to stop reaching out to potential participants at this point.

The interview was comprised of seven primary questions, with probes subsumed within the primary questions where necessary (Appendix C). The questions and probes were designed, not to match the research questions, but to encourage interviewees to talk around the topic (Rowley, 2012), as a means of collaborative exploration (Seidman, 2013). Probes were indicated with a P and meant to be used only in the event the participant had not addressed the particular subject or category in their initial response. Probes were designed to ensure respondents discuss similar aspects when addressing the primary questions, while not dictating the precise language or opinions offered. While most questions included specific probes, a general probe of “*Please tell me more about that.*” was included for all questions to tease out more content when too little information or content was provided. While semi-structured clinical interviewing typically allows for the re-ordering of questions based upon participant responses, this interview was designed to couch the primary query with questions containing less emotional valence. The question judged with the potential to elicit the most content was the fourth question as it asks the participant to recall specific aspects of one particular crisis (the most personally challenging) in significant detail using many probes. It directly adheres to the guideline from Merriam and Tisdell (2016) that good interview questions are not only open-ended but also “yield descriptive data, even stories about the phenomenon” (p. 120).

The purpose of this question’s thoroughness and prescribed placement was two-fold. First, particularly difficult crises tend to resonate for years among the respondents and are more

likely to elicit more vivid memories and content than most crises in which the response is more typical. In this way, crisis response is not unlike officiating in sports: one does not tend to notice it when all is going smoothly, but rather, remembers it quite vividly when it goes awry. For this reason, queries about “successful” responses were broad and general in nature, and reflection of what went wrong or was challenging during a difficult crisis may be the most illuminating to the research questions. Second, because this question had the potential to be the most emotionally charged of the interview, its placement allowed for the participant to warm-up emotionally as well as “cool down.” This methodology utilized more neutral questions to lay the foundation “for questions that access the interviewee’s perceptions, opinions, values, emotions, and so on” (Merriam & Tisdell, 2016, p. 125) and reserved the more value-laden queries for the heart of the interview, as much as possible. The disclaimer at the beginning of the interview (and the explicit permission to stop at any time) as well as the concluding language and the sharing of Employee Assistance Program (EAP) counseling resources addressed the participant’s emotional well-being for this reason.

Despite this limitation of placement of the central question, the interview did allow for other forms of flexibility typical to semi-structured design, such as rearranging questions around the central one as well as probing as necessary to further elicit content from a participant. Additionally, all questions were designed according to recommendations from Patton (2015) on six types of stimulating interview questions, specifically experience and behavior questions, opinion and values questions, feeling questions, and background/demographic questions. Examples included “*As you know, a role on the district crisis response team is not something every school psychologist or social worker chooses. Why do you think you’ve chosen to participate on so many response teams over the years?*” and “*In your experience, how can you*

tell when the crisis response team's job is complete?'". Furthermore, questions detrimental to qualitative analysis were avoided, such as multiple-part questions, leading questions, and yes-or-no questions.

Prior to beginning research with participants, pilot interviews were conducted with two candidates that met the criteria for study inclusion based on experience (3 or more years of crisis team experience, inclusion in 10 or more crises) but met exclusionary criteria due to job roles that could create bias or coercion (as part of the school system hierarchy, both reported directly to the primary researcher). This pilot and the subsequent feedback from the participants allowed for minor adjustments to the semi-structured interview, as well as provided a test of the recording and transcription procedure, and a more educated estimate of expected interview time and word counts. These pilot interviews were ultimately found to be very reflective of the length and content quality of participant interviews.

Source Two: Case Log Narrative

To contextualize participant interview responses, they were analyzed in conjunction with the crisis response team's narrative that was kept attached to the data entries in the crisis response log utilized for descriptive qualitative analysis. This narrative for the period covered in the quantitative research (2016-2022) contained 7,547 words. These logs were entered by the lead facilitator or team administrator at the conclusion of each crisis response and presented in a brief narrative format. They included an incident description (Incident) and a summation of the response details (Notes). Because the intent of the narrative log is to better inform the team of procedural complications and/or factors that impacted the crisis response either positively or negatively, the content was more clinical and less emotionally charged than that provided by the interviews. Despite these stylistic differences—as the ultimate intent of both measures was to

assess the nature and effectiveness of crisis response—the two sources of information provided intersections of emerging themes that helped inform the research questions. Utilizing an additional source also helped provide added validity for qualitative analysis (Cho & Trent, 2006; Richardson & St. Pierre, 2005).

Data Collection and Analysis

Though the research questions for the current study were meant to be answered through the qualitative analysis of the participant interviews, extant crisis response data were utilized to better inform the responses of the participants in addition to offering rare insight into the nature of crisis response within a large, urban school district. These longitudinal data provided a quantitative background and context for interpreting the responses.

Quantitative

The aggregation of 6 years of crises is presented in Table 6 below. The crisis response log was created and maintained using Microsoft Excel, with entries separated by years. The data were entered by crisis facilitators and team administrators, including the primary researcher, over a 6-year period (2016-2022). All individuals were trained on the requirements of data entry by the primary researcher, and each was consulted about each entry within 36 hours of its inclusion in the log. Student names, while included in the district log, were de-identified (coded with an ID, including schoolyear of death and ordered value pertaining to the place in the log) in preparation for analysis.

Data from the crisis log was imported into IBM SPSS (26). All entries in SPSS were checked multiple times against the original data in the crisis team Excel file to ensure integrity of data transfer. The data was then analyzed using a Chi-Square Test for Independence, with a table provided to illustrate statistically significant relationships and potential trends between categories

in the data (Table 10). The Chi-Square Test for Independence was considered the most appropriate analytical tool for the data given the variables are categorical. The three fundamental assumptions of the Chi-Square Test for Independence (Verma & Abdel-Salam, 2019) were considered and addressed.

Assumption One, that there must be two or more categories for each of the categorical variables, was met; the analysis considered the relationship between categorical variables, namely the population of the crisis (elementary, middle, high school, and staff) and type of death (medical, accidental, homicide, and suicide). Assumption Two, that the observations in each group should be “independent and expected frequencies for each category should appear only once” (Verma & Abdel-Salam, 2019, p. 148) was met; each entry was exclusive from the other categories and could not be repeated. The “Gun” category (whether or not gun violence was involved) was removed from the Chi-Square test in order to meet this assumption, since it was not exclusive of the other variables such as murder or suicide, for example. Lastly, Assumption Three, that the sample size “should be large enough to ensure that the expected frequency in each cell is at least 1, and the majority of cells have the expected count of at least 5” (Verma & Abdel-Salam, 2019, p. 148), was met with the removal of the “Suicide” (type 4) category from the analysis. The widely accepted threshold for “majority of cells” is considered to be 80% (McHugh, 2013). When the category of Suicide was included, only 68.8% of the cells contained the required expected frequency count of at least five (a predictable outcome given the relatively low incidence of suicides in the data set). By including only the first three categories for type of death (medical, accidental, murder) in the analysis, the cells containing a count of at least five rose to 91.3%, well above the required 80% threshold. The calculation for Assumption Three was performed using Excel (Appendix E).

The Chi-Square Test for Independence hypothesis can be conceived of as follows:

H₀: The crisis population and type of death are independent of each other.

H₁: The crisis population and type of death are NOT independent of each other.

This can also be conceived of as whether or not an association exists between the crisis response population and the type of death. It is hypothesized that an association between the population and the type of death *does* exist, that the two sets of variables are NOT independent of each other.

Qualitative

The crisis data log narrative was redacted for any identifying information (names, schools, etc.) and exported from the Excel sheet into a Word document, a process that was double-checked for accuracy of transfer. The document, comprised of 7,547 words, was then loaded into NVivo for analysis.

Due to the current restrictions of the COVID-19 pandemic and in the interest of observing proper social distancing, interviews took place virtually using cameras and microphones via Zoom. Though born out of necessity, there were advantages to this methodology. One was that in remote interviewing, interviewer bias was potentially minimized (Bryman, 2015); secondly, recording of responses was built-in to the process. All participants were informed of the recording of the sessions, the transcription, and the deleting procedure prior to volunteering, and were reminded that they could remove themselves from the study at any time during the process. Given the primary researcher's position in the organization hierarchy from which the participants were solicited, measures were taken to greatly reduce the chance that any participant identities would be known to the researcher. This procedure included research assistants conducting all correspondence with interested parties, scheduling and conducting the

interviews, and de-identifying the transcriptions before sharing them with the primary researcher. Research assistants were provided access to a password-protected Zoom account that allowed for cloud recording and audio transcription. Transcriptions were created immediately after recording, de-identified, and checked for accuracy before the recording was deleted from the server. Furthermore, signed consent pages were maintained by the lead research assistant and are now stored with the primary researcher's faculty advisor. In total, three different research assistants conducted the eight interviews.

Thematic analysis of the transcriptions is best suited for this qualitative data because it involves the search for common threads across interviews and helps identify those threads (DeSantis & Ugarriza, 2000; Merriam & Tisdell, 2016). Preliminary analysis was accomplished through a process outlined by Braun and Clarke (2006) as the "Phases of Thematic Analysis" involving the following six steps: (a) familiarizing oneself with the data (noting initial ideas drawn from the interviews), (b) generating codes (identifying interesting features in common across the data set), (c) collating codes into potential themes, (d) generating a thematic map of the analysis, (e) naming and more clearly identifying the themes, and (f) relating the analysis back to the research questions and the literature overall. This process is informed from grounded theory, wherein the categories, concepts, and hypotheses being considered are subjected to near-constant comparison across data sets and throughout data acquisition (Glasser & Strauss, 1967). Furthermore, it may be conceived of as "substantive" in that it applies to a specific aspect of practice (Merriam & Tisdell, 2016).

These steps and the more complex thematic analysis associated with them were undertaken with assistance from NVivo software. De-identified transcriptions were labelled with a participant ID by the research assistants (which included the licensure (SSW or PSY), role

(Faciliator) or CC(crisis counselor)), and unique number (given in order of the receipt of informed consents). The transcription was then loaded into NVivo by the primary researcher, for analysis. Thematic comparisons were made across all participants and between subgroups (leadership and counselors) to determine whether perceptions differed between those functioning at the systems level and those more often in direct contact with students. Furthermore, analysis of participant interviews was contextualized alongside analysis of case notes kept during crisis response during the period in question (2016-2022), allowing not only for comparative analysis across methodologies but between time periods for essentially the same group of individuals. The outcome was an aggregate comparison of immediate observations with those reflected upon years afterwards, in addition to a comparison of multiple perspectives regarding the same crisis for which multiple respondents served as team members.

Research findings are presented using a varied format according to best practices in qualitative analysis (Merriam & Tisdell, 2016): a table of participant demographic information, narrative summation and discussion of emerging themes, visual representation(s) as applicable (within limits so as not to overwhelm and/or obfuscate the analysis), and biographical summary of the researcher's background and orientation to crisis response. All presentation of the analysis is designed to work in concert to better interpret and explain the phenomena being studied, namely factors impacting school crisis response and reequilibration.

Researchers have argued that the terms "validity" and "reliability" cannot be properly applied to qualitative analysis, a consideration now several decades old (Lincoln & Guba, 1985) with continued support more recently through various philosophical lenses (Cho & Trent, 2006; Lichtman, 2013). However, no matter the nomenclature used, the conceptualization of valid and reliable data should remain consistent across researchers, and a necessary component of any

respectable analysis. Validity and reliability were accomplished with the current study in the following ways.

First, due to any conflicts of interest that would otherwise arise between participants and the primary researcher, participants were interviewed by one of three research assistants. The match between a participant and research assistant was selected randomly. The exclusion of the primary researcher from interviewing, and the inclusion of three different interviewers also assisted in minimizing interviewer bias. Second, triangulation of data—or what Richardson and St. Pierre (2005) more accurately described as crystallization because the concept references solidification of themes and is not limited to three sources—was achieved, in part, using multiple data collection methods: crisis log narrative and the semi-structured interview. Extracting textual analysis from multiple sources helped validate the themes. Crystallization was further achieved by comparing the exact same cases across multiple participants, something that occurred during interviewing. Third, a process known as “member checks” (Maxwell, 2013) was undertaken. Member checks were conducted after gathering preliminary data, at which point a sampling of interviewees (three) were re-contacted for the purpose of comparing early impressions of the researcher with their own. One example of a member check was “*You mention social media. Would you say that social media may play a role in how challenging a crisis response may be? In what way, precisely?*” All checks conducted, when compared with initial impressions of transcriptions, reiterated the emerging themes identified by the coders. These comparisons helped further minimize researcher bias and ensure the participant’s perceptions were properly summarized/identified. Lastly, thematic coding of the interviews and the crisis response data log were conducted by multiple people: the primary researcher and one research assistant. In these cases, the research assistant was given a coding color guide and training on how the coding was

to be conducted, which then took place using Microsoft Word. The primary researcher then imported the document into NVivo for the purpose of aggregating the data.

Key objectives of the current study are as follows: determining how experienced field practitioners in school crisis response conceptualize reequilibration and the factors most likely to complicate a response. These objectives include the perceptions of interviewees in comparison to best practices in the literature and in the context of longitudinal crisis response data from the district the team serves.

Chapter Four: Results

Quantitative Data

Crisis Response Dataset from the Field

Data covering the time period from July 1, 2016 – June 30, 2022 are presented in Table 6. These data were aggregated from crisis response logs covering the 6-year period in question. The logs were filled out by a small number of individuals serving on the team in either administrator or facilitator roles and checked for accuracy by the primary researcher within 36 hours of each entry. In rare instances where an error or omission was found, the primary researcher conferred with the appropriate team member to ensure accuracy of the amended record. The crisis logs have routinely been utilized by the primary researcher when collaborating with other community agencies during multidisciplinary meetings addressing trends and considering preventative policies and programming, such as the Child Death Review (CDR) (Granik et al., 1991). Using data such as these to foster inter-agency collaboration will be further elaborated upon in Chapter Five (Discussion).

The number of crisis response teams each year were not necessarily equivalent to the total number of combined student and staff deaths in that year, due primarily to deaths that

occurred that did not require a response team (e.g., a new student who hadn't yet attended, occurred over summer and student was transitioning between schools). However, the numbers in Table 6 approximated total deaths and, while representative of response teams, accurately conveyed the number of teams required each year and the nature of the responses.

Table 6

Crisis Characteristic Data (July 1, 2016 – June 30, 2022)

Year	Teams	ES	MS	HS	St	T1	T2	T3	T4	G
2016-17*	20	3	1	13	2	4	7	6	3	6
2017-18	20	5	1	6	8	9	2	7	2	6
2018-19	14	1	2	7	4	6	3	3	2	3
2019-20	18	4	2	8	4	7	2	8	1	7
2020-21**	36	5	5	12	14	18	5	12	1	13
2021-22**	44	7	8	18	11	14	8	18	4	18
Total	152	25	19	64	43	58	27	54	13	53
Perc.	-	16.4%	12.5%	42.1%	28.3%	38.2%	17.8%	35.5%	8.6%	34.9%

Note. Year = school year is defined from July 1 – June 30, Teams = number of teams, ES = Elementary school students, MS = Middle school students, HS = High school students, St = Staff, T1 = Medical deaths, T2 = Accidental deaths, T3 = Homicide, T4 = Suicide, G = Gun violence.

*2016-17 included one parent death that was witnessed by students and staff and was therefore included in the total but not a subcategory.

**From August 2020 through June 2022, during the COVID-19 pandemic, 18 crisis responses were conducted entirely remotely (via phone calls and/or video conferencing).

Preliminary Analysis of Quantitative Data

Points of interest begin to emerge from the characteristic data, even prior to conducting more sophisticated analysis. For example, overall crises remained relatively constant from 2016 through 2020, during which a total of 72 crises occurred, for an average of 18 per year and a range of six (14-20). The yearly total rose the following year (2020-21) to 36, and rose again to 44 in 2021-22, raising the overall average of the data set to 25.3 per year and greatly increasing

the range by 400%, to 30 (14-44). The obvious contributing factor for the notable increase in numbers appears to be the pandemic, which can be illustrated another way. Pre-pandemic crisis numbers averaged 18 per year, while post-pandemic crisis numbers have averaged 40 per year, an increase of more than 120%. It appears that across categories, all crises increased in a somewhat similar manner after the 2019-2020 school year (Figures 7 through 16).

Figure 7

Number of Medical Deaths in the Crisis Data, with Trendline (2016-2022)

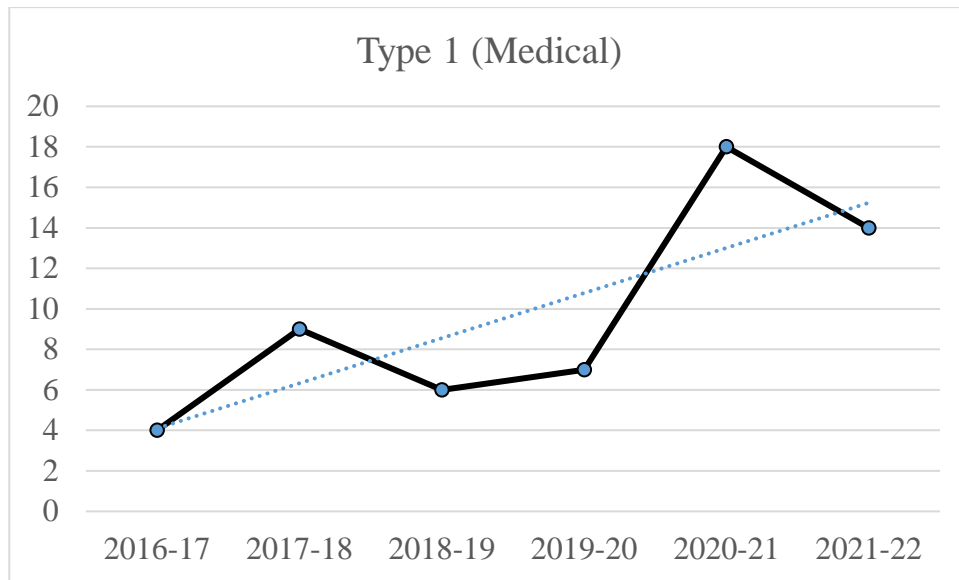


Figure 8

Number of Accidental Deaths in the Crisis Data, with Trendline (2016-2022)

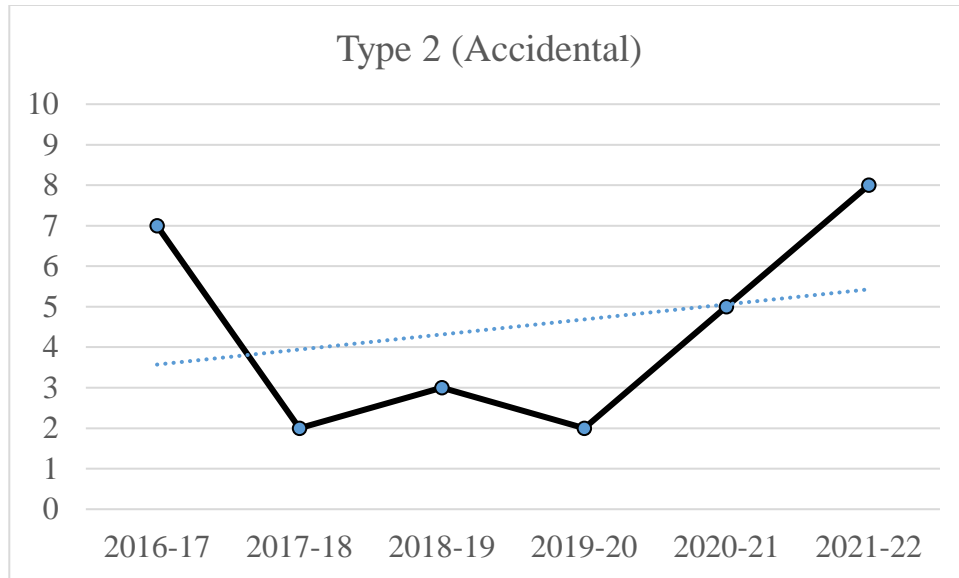


Figure 9

Number of Homicide Deaths in the Crisis Data, with Trendline (2016-2022)

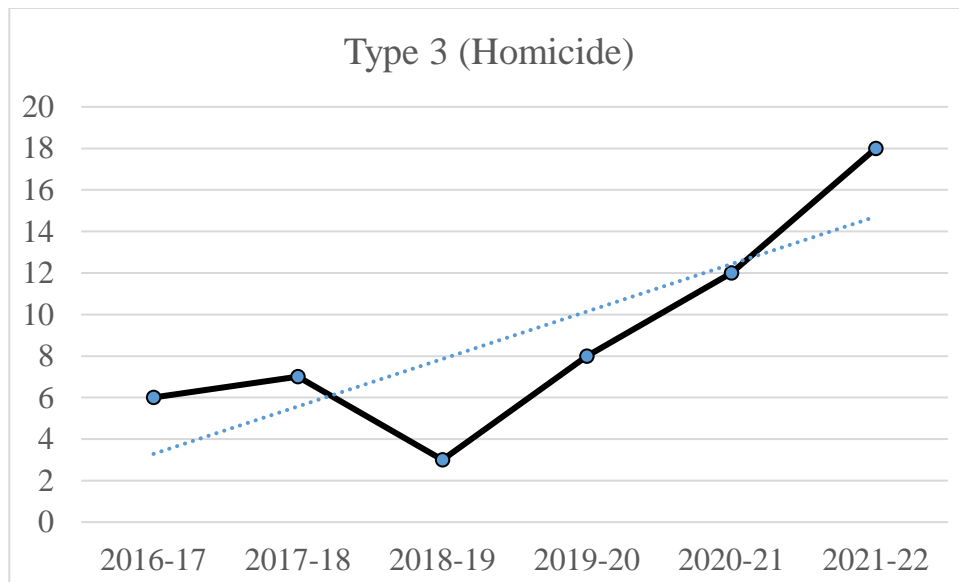


Figure 10

Number of Suicide Deaths in the Crisis Data, with Trendline (2016-2022)

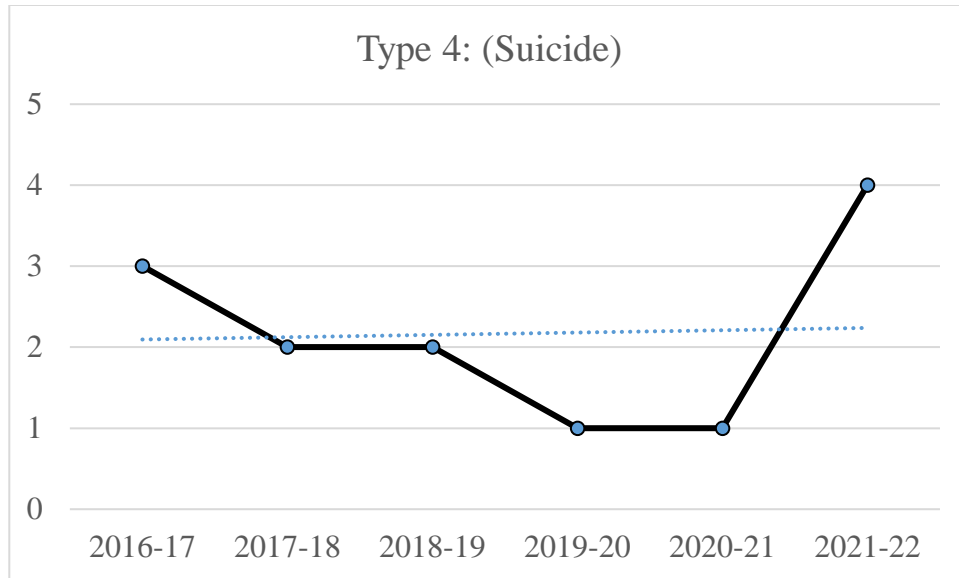


Figure 11

Number of Gun-Related Deaths in the Crisis Data, with Trendline (2016-2022)

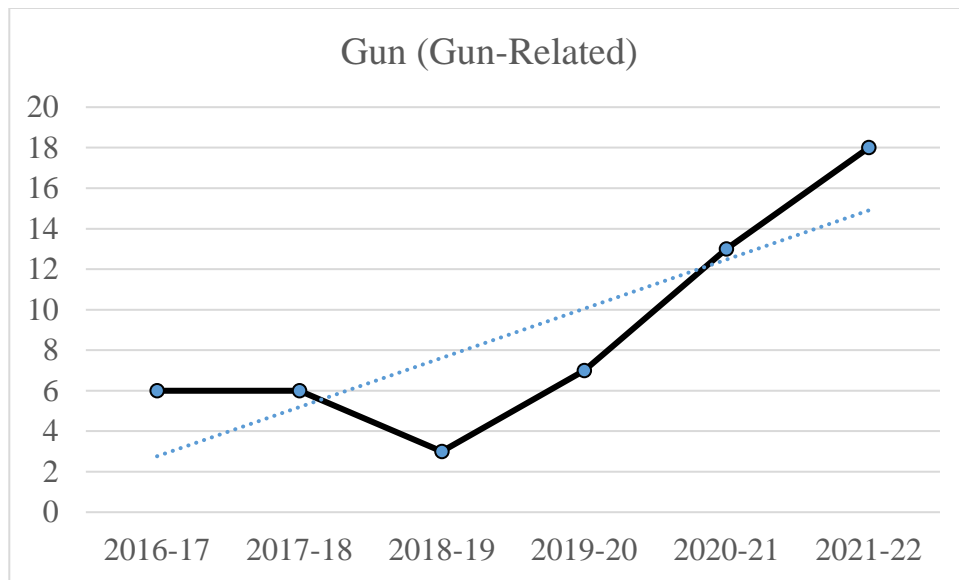


Figure 12

Number of Elementary School Student Deaths in the Crisis Data, with Trendline (2016-2022)

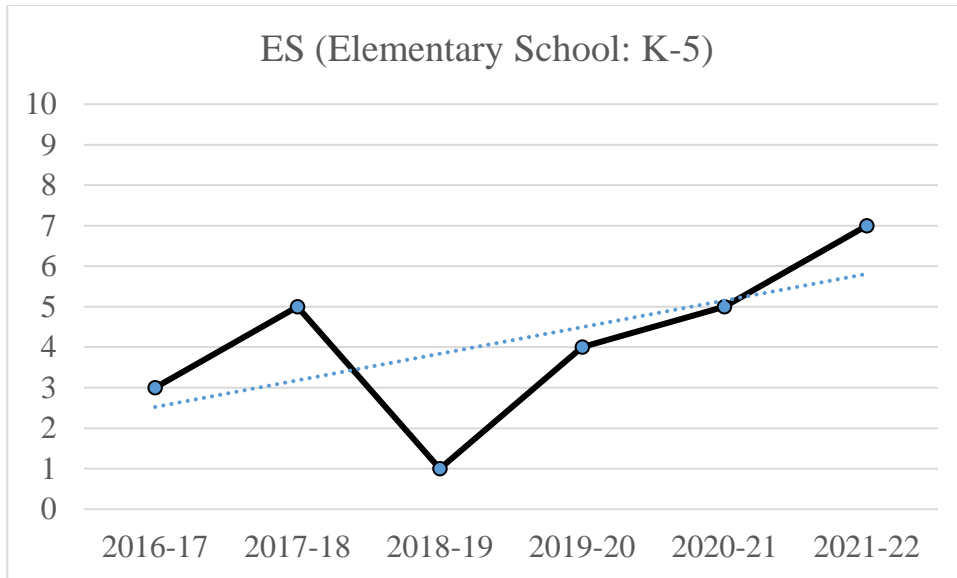


Figure 13

Number of Middle School Student Deaths in the Crisis Data, with Trendline (2016-2022)

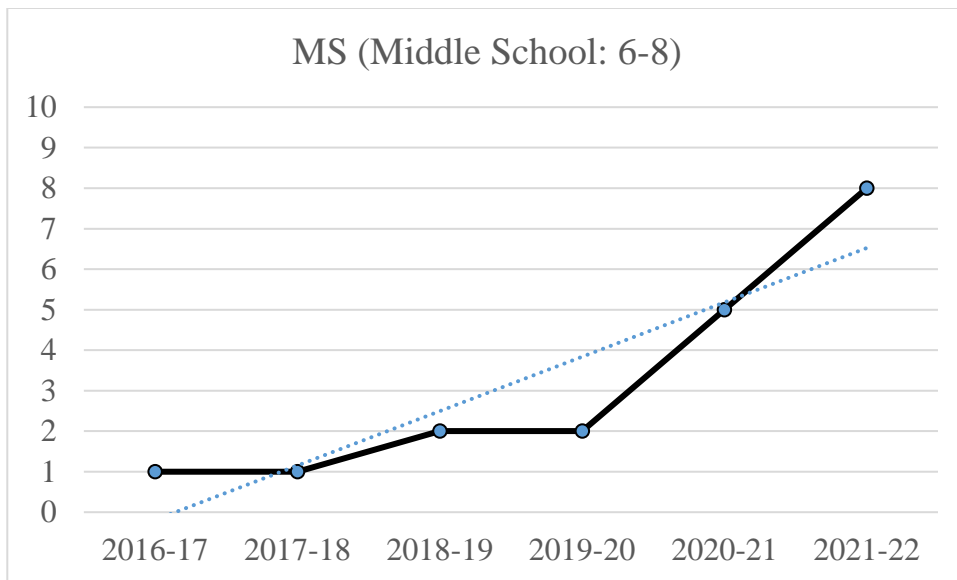


Figure 14

Number of High School Student Deaths in the Crisis Data, with Trendline (2016-2022)

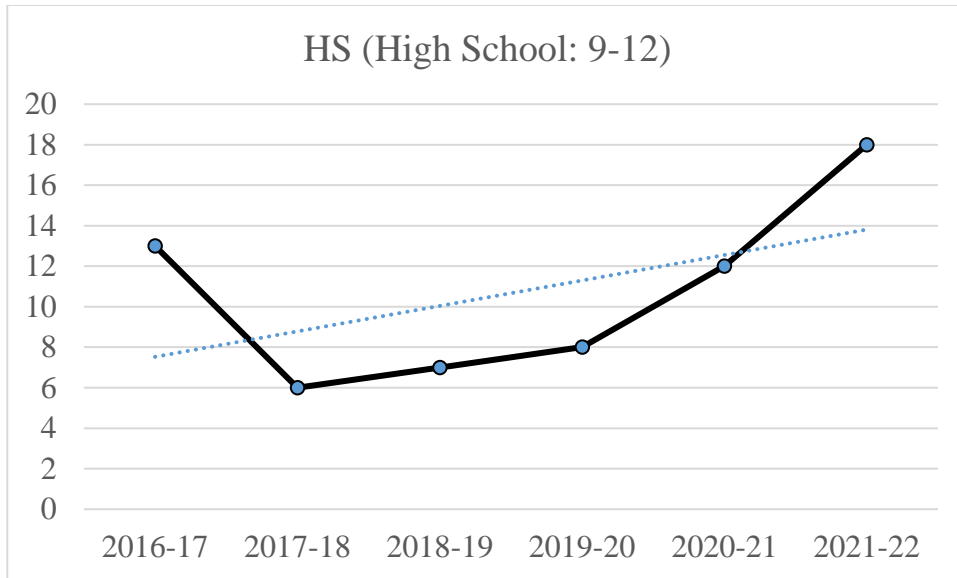


Figure 15

Number of Staff Deaths in the Crisis Data, with Trendline (2016-2022)

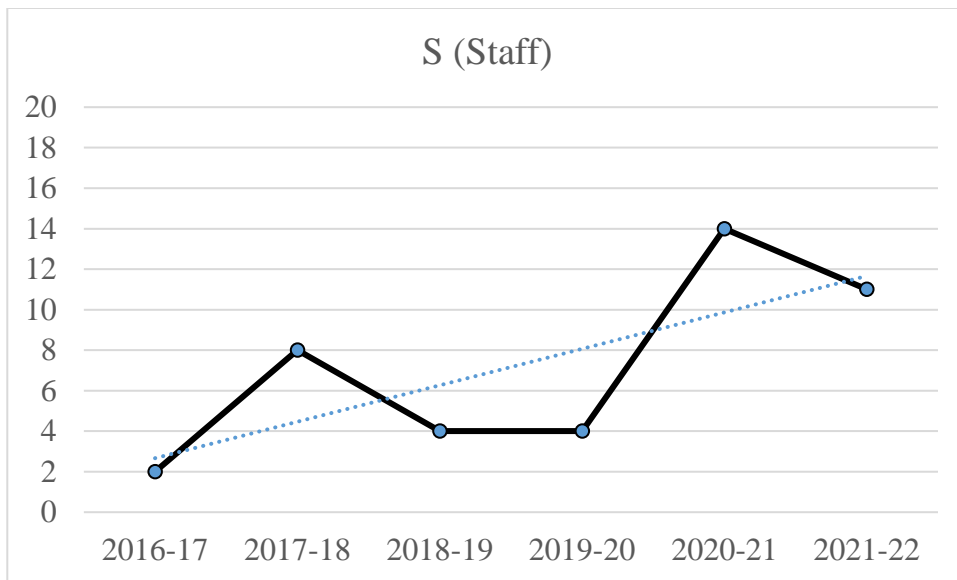
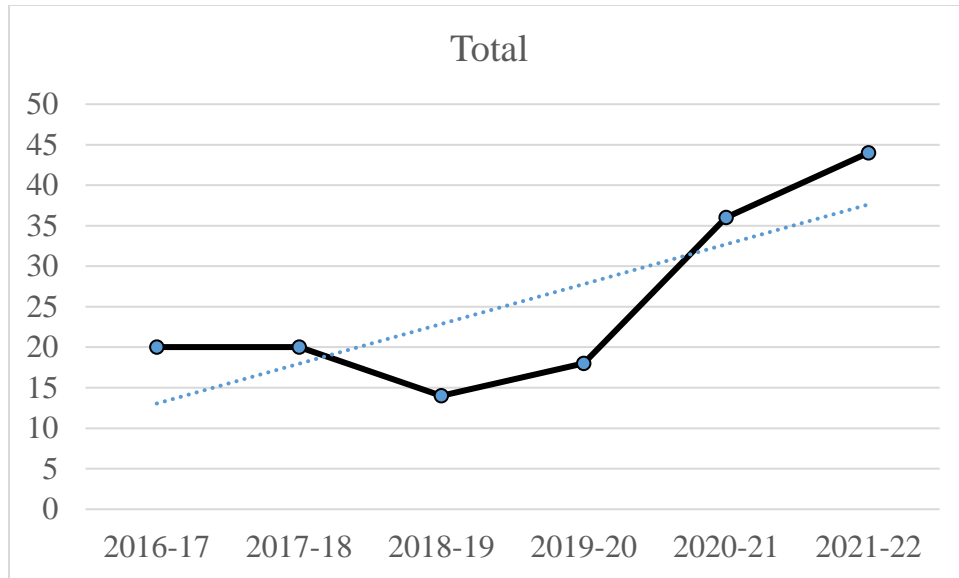


Figure 16

Total Number of Deaths in the Crisis Data, with Trendline (2016-2022)



An examination of death trends in these data clearly suggest that the pandemic has likely had a profound impact on mortality numbers in our school-aged children and our staff (and could indeed be considered an understatement). Unfortunately, this observation has, tragically, been confirmed by many others. For example, the cluster of 18 suicides that occurred in Clark County School District during the pandemic (Green, 2021), the recognition of increased mental health needs of our young people on a global scale (Cowie & Myers, 2021), and even an overall increase in gun violence (Fung, 2022) all gave testament to a post-pandemic landscape that appears to look very different than what came before it. To fully understand the impact observed in the current study, further research and analysis—likely over decades—will need to be conducted.

Death by suicide is worthy of further consideration in this analysis. First, suicide was the second-highest cause of death among 4-18 year-olds in the United States between 2009-2018 (Table 2), according to the Centers for Disease Control and Prevention (2020). Secondly, despite its relatively low incidence compared to other types of death in the data set, in the primary researcher’s experience, it is particularly impactful on school communities and requires longer-

term postvention and greater levels of intervention (Aron et al., 2018) compared to crises of other types. Furthermore, violent and unexpected manner of death, as has already been stated, is a strong predictor of the quality and intensity of the community reaction. The suicides in the data set, though infrequent, tended to occur at the high school level (Table 7). However, it must also be noted that, though the most infrequent crisis population, middle school crises had a higher percentage of suicides (15.8%) than any other in the data set. In total, 92.3% of the suicides in the characteristic data occurred in the district’s middle and high school populations.

Table 7

Suicides (Type 4 Deaths) in the Crisis Data (July 1, 2016 – June 30, 2022)

Population	Suicides	Percentage of Suicides	Total Deaths	Percentage of Total Deaths
ES	0	0	25	0
MS	3	23.1	19	15.8
HS	9	69.2	64	14.1
S	1	7.7	43	2.3
Total	13		152*	8.6

Note. ES = Elementary school students, MS = Middle school students, HS = High school students, S = Staff.

*2016-17 included one parent death that was witnessed by students and staff and was therefore included in the total but not a subcategory.

Deaths from gun violence in the data set should also be given particular consideration. Preliminary analysis indicated some alarming trends. First, deaths due to gun violence have increased fairly dramatically in these data, from a low of three in 2018-19 to a high of 18 during the 2021-22 school year (Figure 11). Furthermore, such deaths were not distributed evenly (Table 8). While more than a third (34.9%) of all deaths in the data set were due to gun violence,

a staggering 62.5% of all high school deaths and 42.5% of all middle school deaths involved a

Table 8

Gun Deaths in the Crisis Data (July 1, 2016 – June 30, 2022)

Population	Gun Deaths	Percentage of Gun Deaths	Total Deaths	Percentage of Total Deaths
ES	5	9.4	25	25
MS	8	15.1	19	42.1
HS	40	75.5	64	62.5
S	0	0	43	0
Total	53		152*	34.9

Note. ES = Elementary school students, MS = Middle school students, HS = High school students, S = Staff.

*2016-17 included one parent death that was witnessed by students and staff and was therefore included in the total but not a subcategory.

gun. Conversely, not a single staff death in these data was gun-related.

Chi-Square Test of Independence

These crisis response data were further analyzed by importing them into SPSS from Excel, where they were then manually double-checked for transfer accuracy. Once coded, these data were run through a Chi-Square Test for Independence to assess if any statistically significant relationship existed between the population for which the crisis occurred (elementary school student, middle school student, high school student, staff) and the type of death (medical, accidental, homicide). The category of Suicide was removed to meet the third Chi-Square Test for Independence assumption (Verma & Abdel-Salam, 2019), as demonstrated in Appendix E. Furthermore, the category of Gun (deaths due to gun violence) was removed from this analysis due to its non-exclusivity (indicated in addition to population category for same crisis), which

violated one of the test assumptions (Verma & Abdel-Salam, 2019).

Results (Table 9) demonstrated that the crisis response population and the type of death were *not* independent of one another, that an association between the two sets of variables *does* exist. In other words, the relationship between these variables was significant, $X^2(6, N=139) = 90.11, p < .001$. Therefore, the null hypothesis was rejected.

Table 9

Chi-Square Test of Independence

	Value	df	Significance (2-sided)
Pearson Chi-Square	90.111	6	<.001
Likelihood Ratio	98.791	6	<.001
N of Valid Cases	139		

Note. 1 cell (8.3%) had an expected count less than 5. The minimum expected count was 3.02.

The specific associations, in percentages, are further illustrated in Table 10, where the interdependence of some variables appeared evident in the data. Staff deaths, for instance, made up just over 30 (30.2) percent of the crises in the data but accounted for nearly 70 (69) percent of the medical deaths. However, high school students made up just over 40 (40.3) percent of the crises in the data and only 8.6% of the medical deaths. Conversely, high school students comprised nearly three-quarters (73.6%) of all homicides in the data set, whereas staff represented less than two (1.9) percent of all homicides in the data.

Table 10

*Population * DeathType Crosstabulation*

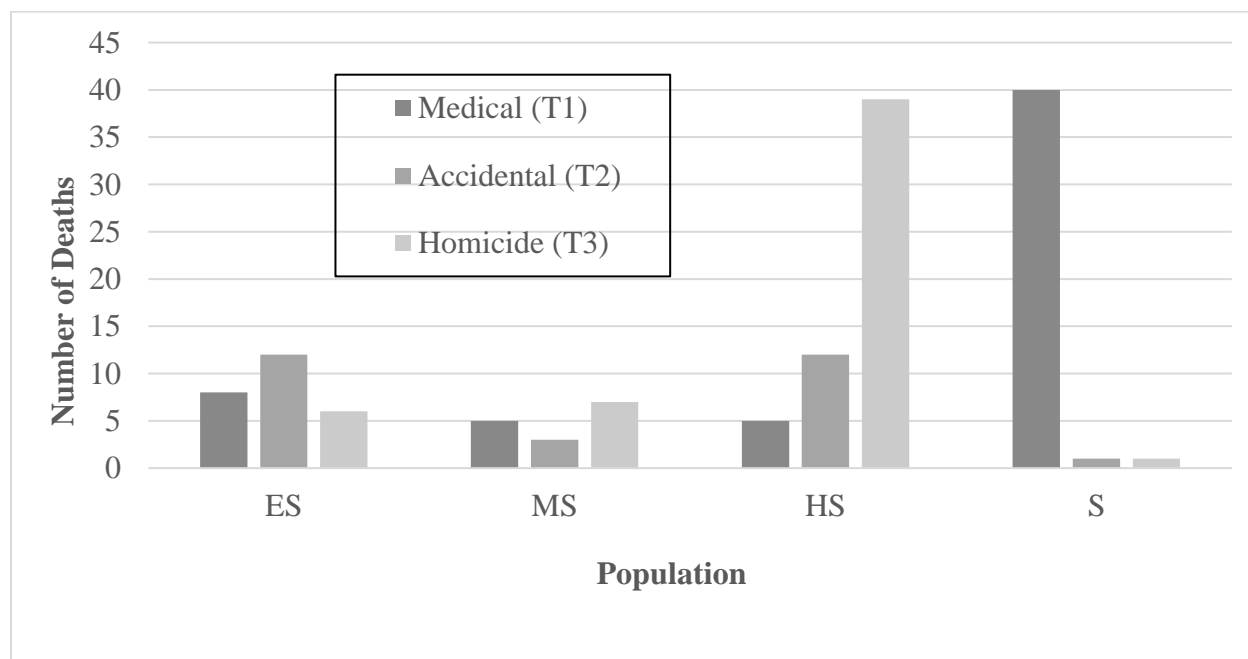
Population	Medical (T1)		Accidental (T2)		Homicide (T3)		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
ES	8	13.8	12	42.9	6	11.3	26	18.7
MS	5	8.6	3	10.7	7	13.2	15	10.8
HS	5	8.6	12	42.9	39	73.6	56	40.3
S	40	69.0	1	3.6	1	1.9	42	30.2
Total	58	100.0	28	100.0	53	100.0	139	100.0

Note. ES = Elementary school students, MS = Middle school students, HS = High school students, S = Staff.

To graphically demonstrate the statistical significance of the Chi-Square Test of Independence results, a clustered bar chart of these data is also provided (Figure 17). The disproportionality of staff deaths due to medical issues as compared to such deaths for all student groups, as well as the disproportionality of high school student deaths due to homicide, is quite evident when examined in this visual format.

Figure 17

Clustered Bar Chart: Type of Death Compared to Population



Note. ES = Elementary school students, MS = Middle school students, HS = High school students, S = Staff.

Qualitative Data

Biographical Information of the Primary Researcher

The primary researcher is in his 20th year at the district being researched, having served as a school psychologist for the first 12 years of his career before moving into centralized roles and eventually district leadership. He was born in the city where the research was conducted and graduated from the district himself as a student. He has been involved in school crisis response for 18 years, serving first as a crisis counselor before facilitating, administrating, and now overseeing the district team and its managers. During that time, he has overseen more than 200 crisis responses following death of students or staff in the school community, and was involved directly in the service delivery of well over 100 responses.

The primary researcher obtained training in PREPaRE (Brock et al., 2016) and Cognitive Behavioral Intervention for Trauma in Schools (CBITS) (Jaycox, 2004), in addition to several additional intervention modalities for children experiencing grief, loss, and the impact of traumatic experiences. He is actively involved in several interdisciplinary, inter-agency committees focused on community violence, death review, and trauma sensitive practices, and is currently working in collaboration with other city agencies on an automated notification system for alerting the school district when students experience incidents outside of school that require emergency response from the fire department paramedics.

Coding

The two sources of qualitative data analyzed in the current research were the crisis data log narrative and staff interviews (both detailed below). Since only administrators and facilitators (not crisis counselors) completed the log entries, and demographic information (number of career crises, years of experience) were not included, these data were analyzed separately initially from

the questionnaire data. Furthermore, the log data was provided in the short-term and tended to be clinical. In contrast, the questionnaire responses were provided years after the incidents and practices being discussed, and were more reflective in nature. For this reason, keeping these two qualitative data sources separate for comparative analysis was considered to be useful. However, these two sources of qualitative data were examined in concert, once each had been considered individually. This combined analysis is provided at the end of this section. Since the primary researcher has overseen the qualitative data sources throughout the entire process, their authenticity has been confirmed according to the long-accepted principles of document verification during qualitative analysis (McCulloch, 2004; Merriam & Tisdell, 2016; Scott, 1990). Coding of data was conducted using NVivo software.

In preparation for coding, the two data sources were initially examined for sections that could be grouped by content area (Merriam & Tisdell, 2016). This process revealed multiple themes consistent with the research questions that were present in the data. The grouping of this content was conducted according to the interpretation and/or reflection of its meaning and was therefore *analytical* in nature (Merriam & Tisdell, 2016; Richards, 2015). Three primary categories were identified through this process: Complicating Factors, Reequilibration, and Staff Characteristics. The themes and their subcategories that resulted from this process are provided in Table 11.

Table 11

Qualitative Themes and their Subcategories

Complicating Factors	Reequilibration**	Staff Characteristics
Circumstances of the Death	Staff	Temperament/Suitability
Notice of the Death	Students	Vicarious Trauma
Connectedness to the Community	Environment	
Quality/Nature of Communication		
Adequacy of Resources		

Population at Risk*
Proximity: Psychosocial*
Proximity: Geographical*

Note. *(Lahad & Cohen, 2006)

***(Aron et al., 2018)

Reequilibration (Aron et al., 2018), separated into the subcategories of staff, students, and environment, refers to the school community's return to pre-crisis functioning after a crisis event and directly relates to Research Question One. Complicating Factors align with the eight factors identified in the research (Table 3) and directly relate to Research Question Two. The third theme identified, Staff Characteristics, directly relates to Research Question Three.

Crisis Data Log Narrative

The crisis team data logs pertaining to all crisis responses from July 1, 2016 through June 30, 2022 (6 consecutive school years in their entirety) contained two areas of mineable data for relevant qualitative analysis in the current research that were both narrative: incident, and notes. These entry areas, in addition to all characteristic crisis data (described and analyzed in the Quantitative section above), were utilized by a small number of individuals serving on the team in either administrator or facilitator roles and checked for accuracy by the primary researcher. As in the case of the characteristic data, any inaccuracies discovered were amended within 36 hours of entry.

The incident section of the log contained a description of the crisis itself, in as factual a manner as possible. The primary purpose of this description is for later identifiability beyond characteristics (homicide, high school student, etc.), a matter of particular importance given the volume of crises being addressed on a yearly basis. An example of a typical entry included information such as "student hit and killed by bus while walking in a crosswalk" or "died in a car crash as the result of a police chase." Beyond such descriptions, the Incident section may have

also included information pertinent to the planned response, such as “the student’s mother worked in the building” or “on life support about a week before dying.” Such information was key to early-stage planning for team leadership as it considers all aspects that may complicate a response, informed not only by experience but by relevant research (Aron et al., 2018; Brock et al., 2016; Lahad & Cohen, 2006) and case studies (Roth & Fernandez, 2018).

The notes section of the log was completed by the relevant on-site administrator or facilitator immediately after the initial response had taken place. The primary purpose of the notes section was to provide information about what occurred during the crisis intervention, what obstacles were encountered, what steps were taken by the team, what complications may have arisen, etc. Typical examples of entries included phrases such as “teachers not attending the morning meeting were hand-delivered a statement and offered assistance,” “less students than expected for crisis support,” “the majority of students needing support were from student’s classroom,” and “a para decided to bring students together to provide support rather than allow team to counsel students.” The notes section is considered particularly useful for debriefing with team members, longer-term postmortem analysis, and future planning by leadership.

Both the incident and notes sections of the crisis team log were identified as relevant sources of mineable qualitative data for the current research due to their narrative content, which included aspects related to the first two research questions. Particularly relevant was the information team leadership included that addressed the characteristics of a crisis that contributed to its success and challenges (Giannotti et al., 2020; Lahad & Cohen, 2006), as well as how reequilibration (Aron et al., 2018) was achieved and how that may have been defined by the team. At least a portion of the data provided in the incidents and notes sections, when examined preliminarily before more advanced analysis, were considered to be interchangeable.

In other words, things mentioned in notes and in incidents addressed specific aspects of the first two research questions and there appeared to be no value in keeping the sections separated for the purposes of the current research. Therefore, both the notes and incidents sections from the log were analyzed in aggregate. References to the “crisis log narrative,” then, apply to the combined entirety of the incident and notes sections.

The crisis log narrative was comprised of 304 entries (incident and note fields for 152 crises) that contained 7,547 words, for an average of nearly 25 (24.8) words per entry. What the entries lacked in their verbosity they made up for in their relevance, a factor determined by the nature and purpose of the log. The dataset contained 512 references (Table 12) that addressed the identified themes and subcategories (Table 3), which included all eight of the Complicating Factors and all three of the Reequilibration sub-categories. The greatest number of references in the log pertained to the subcategory, Quality and/or Nature of Communication. In total, this subcategory comprised more than one-fifth (20.9%) of the entry contents for the entire log. The majority of entries in this subcategory referenced when and how staff and students would be notified, whether or not additional language needs beyond English were indicated, how and when the messaging would reach parents, and whether or not the team had control of the messaging. Some examples of entries in this subcategory included “advised to hold after school staff meeting to debrief with building staff,” “decided to inform teachers across three lunch hours, then do classroom announcement after last lunch,” “parent letter being sent via Messenger in English and Spanish,” and “initial confusion regarding if staff were incorrectly notified of death the night prior.”

Table 12

References to Themes and Subcategories in the Crisis Log

Subcategory	Theme	References	Coverage
Quality of Communication	Complicating Factors	131	20.9
Connectedness to Community	Complicating Factors	88	11.9
Circumstances of Death	Complicating Factors	86	10
Notice of Death	Complicating Factors	56	7.1
Proximity: Psychosocial	Complicating Factors	52	8
Adequacy of Resources	Complicating Factors	40	7.5
Proximity: Geographical	Complicating Factors	23	3.5
Reequilibration: Students	Reequilibration	16	2.1
Population at Risk	Complicating Factors	13	2.2
Reequilibration: Environment	Reequilibration	5	0.8
Reequilibration: Staff	Reequilibration	2	0.2
TOTALS		512	74.2

Overall, themes related to Complicating Factors comprised 95.5% of all references, with Reequilibration comprising the remaining 4.5%. Considering the purpose of the log narrative was to inform procedures and practice, the finding that such a large majority of the references addressed factors that tend to make crisis response more challenging may not be surprising. Furthermore, since half of the log narrative (incident) was a description of the crisis during planning and the other half (notes) provided an account of what already took place, reequilibration or the characteristics of a return to pre-crisis functioning are not particularly relevant to this source. In fact, the team’s formal procedure related to reequilibration typically occurred four to seven days after the response, during the administration of the Crisis Postvention Questionnaire (Appendix D). Since this questionnaire was administered after an entry was created in the log, the fact that the topic of reequilibration was largely missing from the log was understandable.

In total, 318 references were coded as part of the Complicating Factors theme. Entries that mentioned factors related to the Circles of Vulnerability (Lahad & Cohen, 2006) included “some students needed additional support to process past loss in their lives,” “concerned about retaliation by some of the brother’s close friends,” and “warned about a female student

mentioned in a note found in the student's room." Connectedness to Community contained entries such as "stopped going to school a month earlier," "response may be minimal as student was a night school student who only attended once," and "older brother in 8th grade attends same school." Circumstances of Death included entries such as "killed in a high-speed car accident," "misperception that fellow students had something to do with the death," and "unclear how many of the students believed it was suicide." Lastly, Notice of Death included entries such as "the news was all over Facebook and some media outlets," "the students did not have much time between finding out and school starting," and "staff could not be notified of the death before school started."

The entries that did address the theme of Reequilibration tended to mention the need for the crisis team or lack thereof, focusing largely on student needs: "crisis counselors were on standby but not utilized . . . no additional response from crisis team facilitators was needed . . . by the afternoon, minimal students needed support." Additionally, the narrative occasionally mentioned the school environment in the context of reequilibration: "concern that student's locker would be memorialized were easily resolved . . . instructed school-based team to remove any memorial on locker at end of day." In only two instances, staff reequilibration was mentioned: "none of the adults spoke with crisis team members . . . [the death] was not a topic coming up outside of staff." All entries related to the theme of reequilibration did so in the context of considering the resources of the school and whether the team was needed to supplement those resources or if they were sufficient to ensure a return to pre-crisis functioning.

Interviews with Experienced Responders

In total, eight interviewees participated in the study, comprised of five crisis counselors and three team leaders (facilitators) (Table 4). Interviews were conducted by research assistants utilizing a semi-structured clinical interview (Appendix C) and took between 24 and 33 minutes

to administer, which was consistent with the timeframe experienced during piloting. Participants amassed a total of 27,090 words for analysis, for an average interview total of 3,386 words. The average total was very similar between counselors (M=3,341) and facilitators (M=3,461), though the overall range of interview word totals was quite broad (range=2,337 (2,183-4,520)), indicating some interviewees had much more to say than others. Regardless of how many words were ultimately used, content tended to be rich and highly representative of the areas indicated in the research questions (Table 13). Multiple participants demonstrated self-reflection, such as saying “oh, that’s a good question” or “I’ve thought about this before.” Overall, the eight interviewees mentioned all 11 theme subcategories (including those encompassed within

Table 13

Percentage of Interviewees Mentioning Themes and Subthemes

	Complicating Factors								Reequilibration**		
	CoD	Not	CtC	QoC	AoR	PaR*	Prox:G*	Prox:P*	Sta	Stu	E
Counselors	100	100	80	100	100	80	40	60	20	100	100
Facilitators	100	100	100	100	100	66.7	33.3	100	33.3	100	66.7
Total	100	100	87.5	100	100	75	37.5	75	25	100	87.5

Note. CoD=Circumstances of the Death, Not=Notice, CtC=Connectedness to Community, QoC=Quality of Communication,

AoR=Availability of Resources, PaR=Population at Risk, Prox:G=Proximity Geographical, Prox:P=Proximity Psychosocial.

*The Circles of Vulnerability are defined by Lahad & Cohen (2006) (Figure 1).

**Return to pre-crisis functioning is assessed through the lens of reequilibration (Aron et al., 2018) across three domains (Sta=Staff, Stu=Students, E=Environment) (Figure 3).

reequilibration and Circles of Vulnerability (Lahad & Cohen, 2006)) considered in the research questions, with 100% of participants mentioning five of the areas (circumstances of the death, notice, quality of communication, adequacy of resources, reequilibration of students), and three-quarters or more mentioning every area other than reequilibration of staff, for which only 25% overall mentioned.

Further analysis was conducted to determine frequency of the topics mentioned (Table

14). While every topic was brought up by at least one respondent at least once, the range

Table 14

Average Number of Mentions per Interviewee, by Topic

	Complicating Factors								Reequilibration**		
	CoD	Not	CtC	QoC	AoR	PaR*	Prox:G*	Prox:P*	Sta	Stu	E
Counselors	4.40	5.20	2.40	6.20	8.0	1.20	1.20	1.20	0.20	2.40	3.40
Facilitators	5.67	2.33	4.0	4.33	12.0	5.0	1.0	2.33	0.33	2.67	4.50
Total	4.88	4.13	3.0	5.50	9.5	2.63	1.13	1.63	0.25	2.50	3.71

Note. CoD=Circumstances of the Death, Not=Notice, CtC=Connectedness to Community, QoC=Quality of Communication,

AoR=Availability of Resources, PaR=Population at Risk, Prox:G=Proximity Geographical, Prox:P=Proximity Psychosocial.

*The Circles of Vulnerability are defined by Lahad & Cohen (2006) (Figure 1).

**Return to pre-crisis functioning is assessed through the lens of reequilibration (Aron et al., 2018) across three domains

(Sta=Staff, Stu=Students, E=Environment) (Figure 3).

between topics of the average number of mentions per respondent was quite large ($r=9.25$ (0.25-9.5)). The rank of mentions (1=most, 11=least) among categories is presented in Table 15.

Table 15

Rank of Topics Mentioned

	Complicating Factors								Reequilibration**		
	CoD	Not	CtC	QoC	AoR	PaR*	Prox:G*	Prox:P*	Sta	Stu	E
Counselors	4	3	6(t)	2	1	8(t)	8(t)	8(t)	11	6(t)	5
Facilitators	2	8(t)	6	5	1	3	10	8(t)	11	7	4
Total	3	4	6	2	1	7	10	9	11	8	5

Note. CoD=Circumstances of the Death, Not=Notice, CtC=Connectedness to Community, QoC=Quality of Communication,

AoR=Availability of Resources, PaR=Population at Risk, Prox:G=Proximity Geographical, Prox:P=Proximity Psychosocial.

*The Circles of Vulnerability are defined by Lahad & Cohen (2006) (Figure 1).

**Return to pre-crisis functioning is assessed through the lens of reequilibration (Aron et al., 2018) across three domains

(Sta=Staff, Stu=Students, E=Environment) (Figure 3).

Participants tended to mention topics at the same frequency, whether a counselor or a facilitator. Eight of the 11 topics were placed within two ranks of one another and both the most-mentioned topic (adequacy of resources) and the least mentioned (reequilibration of staff) were consistent between counselors and facilitators. However, there were a few stark discrepancies between

counselor and facilitator response frequency that are worthy of further examination.

Crisis counselors tended to mention notice of the death as a factor in the effectiveness of a crisis response far more often than facilitators did. While each participant mentioned it at least once (Table 13), counselors on average mentioned this more than twice as many times as facilitators (5.20 vs. 2.33 (Table 14)). The fact of whether staff and students have advance notice of the death, according to all participants, plays a key role in the effectiveness of the crisis response. Situations where the death was a shock had the increased potential, according to multiple respondents, to result in “chaos” and “disorder.” Advanced notice of the death was mentioned by multiple interviewees as, on the one hand—not being ideal in terms of universal messaging and immediate support, and on the other—allowing the students time to grieve before the team arrived, minimizing disruption. Examples of this included, “I have responded, where kids have watched every video, and they know everything. They even like made shirts, you know, ahead of time. And that takes shorter because it’s like that’s old news, they’ve already moved on.” Another interviewee stated, “Well, I think some of them [crisis responses] have been shorter because, like a lot of the students already know. Social media has really kind of, you know . . . a lot of students will find out about something on social media and then they already know.” Lastly, one addressed the topic of advanced notice with, “A bigger response could be if the news is definitely a shock . . . if we were able to get the news to students in a building before it was announced on social media, for example.”

While quality of communication was mentioned multiple times by all respondents, ranking second overall in terms of frequency, the counselors mentioned it nearly two more times per interview, on average, at a rate of 6.2 mentions for counselors vs. 4.33 mentions for facilitators (Table 14). The quality and nature of communication was described by interviewees

as having a significant impact on the crisis team’s ability to effectively respond. This was particularly poignant when it involved student perception. One stated that “we weren’t sure if it was a suicide or an accidental gun shooting . . . there was no indication . . . but we just weren’t sure . . . a lot of the kids were ruminating on it like, was it a suicide? Was it accidental?” Another interviewee stated, “younger kids are very curious, too, and they ask a lot of questions, and you have to just kept saying details . . . or this is all that we may know. We may know more, but this is all we can share.”

Another discrepancy indicated by the qualitative data is the fact that “populations at risk,” a sub-category of Lahad & Cohen’s (2006) Circles of Vulnerability (Figure 1), tended to be mentioned much more by facilitators than counselors. The facilitator interviewees, on average mentioned it more than four times as much the counselors (Table 14). One facilitator mentioned how the culture of a building before a team even arrives plays a role in the ability for the team to respond effectively, stating “[some schools] have had other traumatic events . . . we have schools where people just are unfortunately experiencing many deaths in one year so the community is already grieving, the school culture and climate [is] already kind of rocky.” Another reinforced this by saying, “loss or just hearing about that stuff . . . brings up other events or other deaths for students and some of those kids who responded for support were the same ones who had dealt with the death, the year before, of another student.”

Staff Characteristics Theme. The theme of staff characteristics, directly related to the third research question, was present in interviews but not the crisis log narrative due to a specific question and its prompts, in addition to further elaboration by staff throughout the interview.

Two subcategories were identified in this process: temperament/suitability, and vicarious trauma.

Temperament/Suitability. Participants were asked one question during the interview

(Appendix C) that solicited feedback on their temperament and/suitability for crisis response: “As you know, a role on the district crisis response team is not something every school psychologist or social worker chooses. Why do you think you’ve chosen to participate on so many response teams over the years?” The query included the following prompts: “What helps you be able to do this kind of work on a repeated basis?” and “What do you think makes you suited for this type of work?” In addition, some participants mentioned such factors outside of this question. This query and the follow-ups provided some information worth noting.

First, participants tended to express interest and/or enthusiasm in contemplating and answering this question, with more than one remarking that it’s a “good question.” By addressing it directly, sometimes bringing it up voluntarily, and responding with little hesitation, participants seemed to indicate that they had given this prior thought.

Second, the responses fell into four distinct categories: aptitude for coping mechanisms, characteristics, professional growth, and sense of responsibility or duty. Participants mentioning aptitude for coping mechanisms tended to describe ways of compartmentalizing the more troubling details of a given crisis response (“I’m good at compartmentalizing so I don’t get overly emotionally involved in my [crisis] responses,” “I try to establish some boundaries and be distinct and clear in my role,” “I looked at it like I [have] to switch off my personal stuff to go and handle it.”) as well as socialization with other team members (“I know there is a team and that there are people that can support me,” “having a group of colleagues that are supportive and some close friends in the district that we can kind of debrief after these events.”). Characteristics were often viewed as suitable for crisis response work: “I’m pragmatic and focus on roles and systems,” “a school psychologist is super adaptable,” “I feel comfortable talking with children I don’t already know.” Professional growth included concepts of accomplishment and/or practical

skills: “I started volunteering because I felt it was something . . . I could really feel a sense of relief or pride,” “practicing my own listening skills,” “it’s terrible to say, but it became more interesting to see the process of grief and learn the different ways you can support people.” In describing a sense of responsibility, multiple participants expressed their participation on the team as a duty: “If I’m comfortable in that type of situation, I should offer services,” “I feel it’s a part of my job,” “There’s not many of us trained in certain populations [bilingual] . . . so that’s why [I’ve chosen to participate].”

Vicarious Trauma. A significant number of participants (37.5%) also described what appeared to be vicarious trauma from cases. The prevalence of vicarious trauma in mental health workers and other “helping positions” has long been the subject of study (Hyatt-Burkhart, 2014; Leung et al., 2022; Ravi et al., 2021). The potential presence of vicarious trauma was demonstrated while participants recalled details, often years old, that prompted an emotional response during the interview. Some situations also functioned as triggers for personal experiences in the lives of the participants. For example, one participant described the case of an adolescent victim of accidental death, and stated that they felt compelled, after the crisis response, to call and check on their niece who was the same age as the victim. Another, while discussing the impact of gun violence on our school-aged youth, told a detailed story of their own trauma from attending a funeral during which gun violence erupted. All participants were provided with counseling resources at the end of the interviews and were queried about their feelings during the recalling of potentially troubling events. Even so, concerns were raised about the wellbeing of individuals engaged in this work and the personal burdens they may carry due to their exposure to these cases.

The Most Challenging Case of One’s Career. The central (fourth) question of the semi-

structured clinical interview (Appendix C) asked the respondent to recall “the most challenging or complicated crisis response” of their career and share specific details about it. While the entire interview is designed to elicit information relevant to the research questions (Table 13), the fourth question has the most potential to provide insight into the factors and details that resonate with responders for months and even years. Furthermore, due to the length of the question and its many prompts, it provided the most opportunity for content. Because the participants were all part of the same centralized team and have intersected professionally for years, this question also provided the richest opportunity for triangulation or crystallization (Richardson & St. Pierre, 2005) of qualitative data across respondents. For this reason, summarized versions of the cases described in response to the fourth question are presented here, with pseudonyms for student names (Table 16). The cases described by interviewees occurred anywhere from 1 to 15 years earlier than the interviews.

Table 16

Challenging Cases Described by Interviewees

Case	Grade Level	Type of Death	Description
Marcus	Middle School	Suicide/Accidental	Marcus was on a video call with his girlfriend and shot himself in the head.
Aaron	High School	Accidental	Aaron was crossing the street near his high school before class started and was hit by a car. Many students witnessed it.
Julianna	Elementary School	Suicide/Accidental	Julianna partook in a TikTok “choking” challenge and died by strangulation.
James	Elementary School	Suicide	James died by suicide after some behavioral incidents at school and a recent in-patient stay at a behavioral clinic.
Ronnie	High School	Suicide	Ronnie shot himself in his bedroom the week of his graduation from high school. It was the fourth death by suicide at that school in the past four years.

Marcus. Marcus’ story and the ensuing crisis response was described by three of the eight interviewees. Marcus was a middle school student who was on a video call with his

girlfriend one evening, during which he displayed a handgun. At some point in the conversation, Marcus put the gun to his head and pulled the trigger, an act which his girlfriend witnessed.

The crisis team leadership was contacted early the next morning, and though arriving to the school as quickly as possible, was unable to get messaging out before the news of the death had spread. Rumors were already circulating, such as whether or not Marcus was playing around and did it accidentally, and whether or not his girlfriend had said anything that contributed to his death. It would take over a month for team leadership to learn from the medical examiner that the death had been ruled a suicide, but in the initial response, there was no such certainty, only ambiguity. Further complicating things, Marcus had siblings in the school and the nature of the death caused it to spread rapidly over social media.

An inexperienced administration in the school and the fact that students were already emotionally charged when the team arrived contributed to what was described as “chaos” by more than one interviewee, with students angry about inconsistent messaging (whether it was intentional or accidental) or about the reactions of some other students that seemed callous. Additionally, the girlfriend and Marcus’ mother and brother showed up late to school, causing a large disruption that spilled from classrooms into the halls as some students sought to connect with the family or the girlfriend and others wanted to see what all the ensuing drama was about: “kids were all running down from different classrooms to come meet her . . . things just got kind of out of control there.” Students in the counseling rooms became more problematic as the situation worsened: “feeding off each other’s energy and drama about what happened . . . groups were growing and we couldn’t get them to go back to class . . . and they were mad at people they didn’t know, saying to us ‘you didn’t know him’ with a lot of feeling and emotions attached.”

The need for grief counseling evolved rapidly into the need for order in the building.

When the team ultimately left that day, team members did not feel that reequilibration had been established, as one respondent summed up: “and it didn’t even feel . . . I think we left and didn’t feel good about leaving. We didn’t feel like we had good closure . . . we didn’t feel like we necessarily did a good job but it was clear that it was no longer our role to handle what was happening.” A few days later, recognizing the continuing needs at the school, crisis team leadership organized a restorative circle with many of the students in order to better process their grief and anger.

Aaron. Two interviewees mentioned the case of Aaron, who was crossing the street near his high school one morning, just before classes began, and was struck and killed by a car. The car initially sped away and several—as many as 20-25—students witnessed the accident. Several students took cellphone footage of the car and the aftermath including the emergency response. This video quickly circulated amongst the students.

The crisis team was contacted immediately and sent a very large team to as quickly as possible to respond. Since class had already begun and the accident was witnessed by many students, it was impossible to get ahead of the message. What students did not know was Aaron’s condition, since they believed he was alive when loaded into the ambulance, and the principal had followed the ambulance to the hospital. While there was no certainty about Aaron’s death that morning, there was a lot of discussion about what had been witnessed, with students perseverating on specific details and sharing them with staff members: “he put his Gatorade in his backpack . . . and crossed in the middle of the street and was stuck by a car . . . they [the students] kept talking about this blue Gatorade popped in his backpack, and leaking all over the place . . . they saw he was having trouble breathing, they saw the ambulance come.”

The team then got news, via the principal, that Aaron had died. The support of students

who'd witnessed this tragic accident now pivoted to messaging about the death and support of students grieving it: "word came out that he died . . . and then there was chaos . . . and then there was screaming and yelling." Due to the high amount of crisis response staff who were sent that morning, students were able to be seen in small groups, throughout multiple pre-determined places in the building. Even so, problems persisted as the students struggled with the trauma from what they had seen, the anger toward the driver that fled, and the grief they were now experiencing with the news of Aaron's death: "rumors started flying and they wanted to fight at lunch . . . at lunch there was going to be a fight." School administration then did its best to restore order in the building.

Julianna. Julianna was a fourth grader who, one weekend afternoon while alone in her room, engaged in a viral TikTok challenge known as "Blackout." The challenge involved choking oneself with a ligature until losing consciousness. While attempting this, Julianna accidentally killed herself, though questions as to whether or not it was deliberate were prevalent at the time of the response. Her younger sibling found her and alerted her parents.

Crisis team leadership received news of Julianna's death over a weekend and had time to prepare a response. Given her relatively young age, there was also less risk of social media contamination, so the team was able to inform the staff, give them time to process the news, and respond to students the following day. The response was done virtually by a relatively large team which called the parents of all students individually. Families to be called were identified by assessing the students likely to be in greatest need, either by psychosocial proximity to Julianna or by risk factors they themselves possessed. The student was relatively new to the school so, despite the shock of the news and the violence of the death, the impact was somewhat muted for students; staff appeared to take it the hardest.

The interviewee who described this crisis and spoke of the impact did so largely due to the personal feelings it evoked: “one really stands out to me . . . probably just personally.” They went on to describe their personal association with the crisis: “that one was very difficult for me, because my niece at the time was in fourth grade and I just remember like, after that team just leaving work that day, I mean . . . I have to call her. I have to call her, and just talk to her about Internet safety. I want to talk to her and make sure that she never, you know . . . talk to her about the situation . . . just say, ‘Hey, you know when you’re using the Internet, what are you doing? You know. What are you doing? What are you looking at?’ And just . . . that one really stands out to me a lot because I was just thinking about my niece, who’s the same age.”

James. The school year had just ended when 11th-grader James died by suicide after shooting himself while in his bedroom at his parent’s home. Though the students had left for summer, news was spreading about James’ death. His suicide was the fourth consecutive one that occurred in 4 years at that high school.

Crisis team leaders, well aware of the pattern of suicides at the school in question, were immediately concerned with reaching students and families. Since school was now out, the team put together a virtual response and called in crisis counselors who’d just left to join those that yet hadn’t, and began making phone calls to all parents of students in James’ classes, as well as those of students deemed to be part of a “population at risk” (Lahad & Cohen, 2006) due to mental health concerns, direct exposure to the prior suicides, or close friends. Letters were then also sent to all families, with resources and numbers of the school mental health support staff provided.

What struck the interviewee most about James’ story was the impact it had on the building, given its recent history of suicides: “that one was hard, because not only do we have a

student who died by suicide but some of those kids that responded for support were the same ones who had dealt with the death the year before.” The impact on the staff was also mentioned: “Well, with this particular case, like there were no red flags, there was no assessment, there was nothing that would have brought him to counseling that would have like made us think that he was at high risk for any reason. So that one sticks with me . . . when you're a support staff member and part of your job is to work with kids or help kids or support kids . . . and then you have a student who, I don't want to say died on your watch, but a student who died in your building, and you weren't able to give them the support because you had no idea it's . . . I think it's hard, even though you know in your head that you had no knowledge.”

Ronnie. Ronnie was a fifth-grade student who had been involved in some disciplinary procedures at school, and he also had been in and out of an inpatient mental health facility. Following a stay at the mental health facility and a disciplinary conference at school which ultimately resulted in him being sent home, Ronnie died by suicide in his home later that evening. This was a tragedy that occurred years before the interview, but fresh in the mind of the respondent, who—when prompted to recall the most challenging case of their career—answered without hesitation: “I remember it like it was yesterday . . . it's probably been 15 years.”

The interviewee's perspective on this case is unique amongst the respondents due to the fact this occurred at the school in which they were working; the news travelled amongst building administration and staff quickly. Most of the story is recalled from the perspective of staff grappling with a crisis prior to the team's arrival. The interview described the moment they received the news: “I got to work that morning and two paras came into the room and asked me if I had heard that [the student] had committed suicide . . . and then the security guard came by and said, ‘Miss, I need to talk to you.’”

The emotional intensity of the staff response was also fresh in the respondent's mind: "Everybody was all broken down . . . the principal broke down in my office . . . the secretaries were all broken up." The interviewee then described the work involved in attempting to get assistance for the crisis: "Our psych was out that morning, or she was somewhere else, and I right away called her, and then I was headed to the guidance counselor's office and the assistant principal's on the phone with the grandmother, verifying it . . . the crisis team came, within like a couple hours, and we then read the statement."

Serving the bereaved while managing their own emotions was something the interviewee mentioned in detail: "I just remember dealing with kids, a lot of kids that day, and kids misbehaving, one kid . . . tips over a table in the hallway . . . she was a student that was very close to me, and I said, 'regardless of the situation, you cannot do this. We can talk with you. We can meet with you, you can express your feelings and that kind of thing.' So that was a very, very long day . . . and I remember I said . . . I have to deal with these kids . . . and when I had a quick moment to myself, I closed my door and called [redacted] and I said 'I can deal with me . . . but I have to deal with these kids, and I just need an extra little encouragement to deal with them.' . . . the administration breaking down on me, and I'm like 'I can't do this when the adults are like this, I want to take care of these children.'"

Commonalities in the Cases. Interviewees tended to describe cases involving suicide (75%) and witnessed death (62.5%)—death seen firsthand by members of the school community, both of which are comparatively quite rare in the dataset. Suicides, for instance, comprised only 8.6% of the 152 cases in the dataset (Table 6) and witnessed death is so rare, it has not been specifically categorized by the team during data collection. However, analysis of the crisis team narrative logs indicates that no more than 3.3% of the 152 cases involved witnessed death. These

types of deaths have been identified as particularly problematic for bereavement (Aron et al., 2018; de Leo et al., 2015; Gianotti et al., 2020; O'Connor & Perkis, 2016; Roth & Fernandez, 2016; Smith & Patton, 2016) and Circumstances of Death was found to be the third-most mentioned complicating factor by interviewees overall (Table 15).

Participants also tended to describe cases where resources were stretched thin (75% of the interviewees described three of the five “most challenging” cases), something ranked highest in response prevalence overall (Table 15). The impact of inadequate resources to help manage an escalating situation was a central theme of these descriptions, as was the role of communication issues, the second-most mentioned complicating factor identified by interviewees overall (Table 15).

Additionally, three of the eight participants chose the same case (Marcus) as their most challenging ever, a fact made all the more remarkable given the fact Marcus died more than 5 years ago, since which approximately 120 district crises have occurred. This particular case, therefore, was believed to deserve closer examination.

The case of Marcus presented an intersection of nearly all factors identified as potentially complicating for a crisis response (Table 3): circumstances of death (he died violently, by suicide, while on a video call with his girlfriend), notice of death (students became aware of the situation quickly, ahead of the response, and further rumors were spread), connectedness (Marcus was popular and had been at the school for several years), quality of communication (students were dissatisfied with lack of details), adequacy of resources (staff and building administration were overwhelmed with upset and unruly students), proximity: geographical (his siblings were near him when he shot himself in his bedroom), and proximity: psychosocial (his girlfriend witnessed it). Considering this context, it should not be surprising

that this case resonated for so many responders for so long.

Combined Analysis of Qualitative Sources

When considered in concert, the qualitative sources of the crisis log narratives (7,547) and the semi-structured clinical interviews (27,090) comprised 34,637 words for analysis. All themes and subcategories identified in thematic analysis (Table 11), with the exception of the Staff Characteristics category since this only applied to the interviews, were mentioned by both sources. To consider frequency, a comparative system is provided because the two sources are different in both purpose and nature, thus making a unified ranking system less useful for describing the data (see Table 17). A rank of 1 corresponds to most-mentioned, while 11 is least-mentioned.

Table 17

Rank of Topics Mentioned Across Both Sources

	Complicating Factors								Reequilibration**		
	CoD	Not	CtC	QoC	AoR	PaR*	Prox:G*	Prox:P*	Sta	Stu	E
Crisis Log Narrative	3	4	2	1	6	9	7	5	11	8	10
Interviews	3	4	6	2	1	7	10	9	11	8	5
Difference	0	0	4	1	5	2	3	4	0	0	5

Note. Difference is the difference in ranks between the two sources. CoD=Circumstances of the Death, Not=Notice,

CtC=Connectedness to Community, QoC=Quality of Communication, AoR=Availability of Resources, PaR=Population at Risk,

Prox:G=Proximity Geographical, Prox:P=Proximity Psychosocial.

*The Circles of Vulnerability are defined by Lahad & Cohen (2006) (Figure 1).

**Return to pre-crisis functioning is assessed through the lens of reequilibration (Aron et al., 2018) across three domains

(Sta=Staff, Stu=Students, E=Environment) (Figure 3).

There was a fair amount of agreement between sources. For example, in four of the 11 categories (36.4%), there was no difference in rank, and in six of the 11 categories (54.5%), the difference in rank was no greater than two. Quality/Nature of the communication, circumstances of the death, and notice of death were all in the top four ranks for both sources. Similarly, population at

risk was in the lower half of ranks for both and reequilibration/staff was ranked last in both sources. However, there was also some noteworthy discrepancy in what was mentioned by the two sources. For example, the most-mentioned category from interviewing was “adequacy of resources,” while this ranked 6th in the crisis log narrative. Reequilibration/environment was ranked 5th from interviews and 10th from the crisis log narrative. Conversely, the narrative had three categories ranked significantly higher than those from the interviews: connectedness to the community (2nd vs. 6th), proximity/psychosocial (5th vs. 9th), and proximity/geographical (7th vs. 10th).

Research Question One: Reequilibration

The first research question sought clarity on whether the concept of reequilibration in the literature is shared by those in the field, as well as whether it would be consistently defined by practitioners:

R1: Will the concept of reequilibration (pre-crisis functioning) align with that which is outlined in best practices?

R1a: Will the concept of reequilibration (pre-crisis functioning) be consistently defined across participants and between subgroups (leadership and direct service providers)?

Reequilibration is conceptualized as both student and whole-school outcomes, described as an “interval when most students return to regular functioning” (Aron et al., 2018, p. 609). This concept, though not defined as such, is mirrored in the manualized literature on crisis response (Brock et al., 2016). To parse the idea of reequilibration across areas of service delivery, the current research created three subcategories: staff, students, and environment (Figure 3).

What first emerged from perusing the outcomes was that reequilibration of staff did not emerge as a topic often logged nor discussed among school crisis responders. Reequilibration of

staff was the least mentioned category out of 11 in both the crisis log narratives and the interviews. This finding for staff may not be surprising when one considers the primary charge of the team as it relates to crises: serving the students. The topic of adults in crisis during a response was broached by some interviewees and mentioned in some log entries. Given the difficulty such a situation presents in terms of the overall recovery of the school community, it is not something to be ignored. To the contrary, the crisis postvention screening assessment used by the district in the current research (Appendix D) has two questions specifically targeting staff recovery (attendance/tardiness and counseling needs) out of seven total. However, when faced with issues in these areas, the team refers to outside agencies, administration, and the district employee relations department for adults. It should not be a surprise, then, that its members are not calibrated to regularly consider the reequilibration of staff.

Some discrepancy between the crisis log narrative and the interviews was observed in terms of the overall mentions of reequilibration of the environment, with the narrative ranking this category 10th (only 5 references in total) and the interviews producing a total of 25 references, which placed it 5th in terms of frequency. All entries in the crisis log narrative referenced temporary memorials and their removal: “concern that student’s locker would be memorialized were easily resolved . . . guidance on banner and locker were provided . . . instructed school-based team to remove any memorial on locker at end of day.” References to reequilibration of the environment from interviews included hallway disorder and disruption, and the return to routines, “running around, just disrupting the school building . . . what we’re doing is helping to get those norms and those routines back . . . that may seem to get them [students] back into their routine,” as well as memorialization, “and I remember signs up . . . they kept trying to put up signs in the hallway to ‘rest in peace’ and I had to keep taking them down.”

Reequilibration of students, a focus fundamental to crisis response, was ranked 8th in both sources. Examples from the narratives included, “initial need for additional staff had subsided . . . there were no reports of students needing support . . . team members on standby but not utilized.” These, understandably, focused on personnel, attributing a direct relationship to pre-crisis functioning and the reduced need for additional resources. In other words, the building-based supports were deemed to be enough. Examples from the interviews, understandably, included more specific language about student functioning: “when kids start to be a little calm . . . students start to leave, and either go home if they need to, or go back to class . . . it’s kind of when everything seems settled . . . teachers are reporting that there’s no more, like you know, they’ve moved on.” Given these comments are from staff who’ve been coordinating or directly engaged in SST, these statements indicate that the goal of reduction in symptoms from an acute need has likely been met (Talmon, 1990; O’Neill, 2017). Reequilibration, then, was defined by the team, across sources, as a return to pre-crisis functioning (building supports are sufficient without added assistance), a reduction in client distress, and a return to routine as it was pre-established prior to the crisis event. This is directly aligned to what the research has posited as best practice (Aron et al., 2018; Brock et al., 2016, Roth & Fernandez, 2018).

Part A of Research Question One also asked if the definitions of staff were consistent, even across subgroups. In terms of the relative ranking of reequilibration as a topic in both sources, it was remarkably consistent between facilitators and counselors (Table 15) and between the interview responses and the crisis log narrative (Table 17). However, this only relates to the frequency of the topic, not the definition of the term. To ascertain the qualities of reequilibration as described by the interviewees, comparisons of the responses regarding reequilibration (of students and the environment) were conducted (Table 18).

Table 18*Responses from Interviewees Regarding Reequilibration*

Participant	Reequilibration/Students	Reequilibration/Environment
Counselor 1	<i>The kids are ready to go back to class, they seem to have integrated back into class. You've handled the ones that are grieving the most . . . there just doesn't seem to be anyone left that needs to talk at the moment. Then we definitely feel like there's an end.</i>	<i>You peek in at lunch, and people seem to be going back to their routine.</i>
Counselor 2	<i>The students start to go back to class, and there's less and less. Typically, they start to leave and they either go home or go back to class.</i>	<i>[Students were] just disrupting the school building. And then it turned into, we need to get these students back under control.</i>
Facilitator 1	<i>That group of students just needed to have that space and have that time . . . and it's when we've started sending students back to the classroom.</i>	<i>To get at least, get a little bit more regulated that they can get into those routines which we all know.</i>
Counselor 3	<i>I think once it just starts to kind of die down. Not that it won't come back up, but just even letting kids know that here's a resource for you . . . I think when kids start be a little calm.</i>	<i>When kids are just out of class [in the hallways] and we can tell the difference.</i>
Counselor 4	<i>It's maybe more manageable for the school support staff . . . I guess the intensity in the building kind of goes down. I think once we have less students who are experiencing that level of you know, need for support then I feel like, you know, there isn't as much of a need for as many of us to be there.</i>	<i>I think, having at least a presence in the hallway nearby, or something like that helps.</i>
Counselor 5	<i>Usually it's kind of when everything seems settled, when you don't have a lot of kids . . . no kids are in the counseling rooms or because when you leave everything you know back to order, the kids either that had to get picked up, or are back in class. it's calm.</i>	<i>They kept trying to put signs up in the hallway saying 'rest in peace,' and I would take them down . . . We can get their school back to a level of normalcy.</i>
Facilitator 2	<i>Students are being able to, for the most part, go back to class and function at a certain level . . . when students are back in class and functioning and students seem to be responding appropriately. They've needed a typical level of support and they're back in class . . . when students are back in class, we see our role as being done.</i>	<i>When the school community can go about their day with just the typical school support.</i>
Facilitator 3	<i>How I know it's done is if we are not getting any more responses from students. So students are no longer trickling in. Or if there are no students that are coming in for support, then we kind of know that you know, as a team, we might need to wrap up.</i>	

The content quality of responses across participants was remarkably consistent, including between facilitators and counselors. Themes included students no longer needing therapeutic services and being able to go back to their classes, the re-establishment of pre-crisis routines in

the building, and order in the hallways needing to be restored, including the removal of memorialization.

Research Question Two: Complicating Factors for Crisis Response

The second research question sought clarity on whether or not the complicating factors identified in the literature (Table 3) are shared by those in the field, as well as whether or not they would be consistently defined by practitioners:

R2: Will perceived factors that may complicate crisis response align with those outlined in best practices?

R2a: Will perceived factors that may complicate crisis response be consistent across participants and between subgroups (leadership and direct service providers)?

All eight complicating factors for crisis response identified in the literature (Table 3) were present in both the qualitative sources of the crisis log narrative (Table 12) and the staff interviews (Table 13). They were, in fact, so prevalent in the sources that seven of the eight factors were mentioned by at least 75% of the interviewees, with proximity: geographical (37.5%) being the only exception. Furthermore, the crisis log narrative mentioned all eight, comprising a total of 71.1% coverage of the entire content of the logs with these factors.

Research question R2a was addressed through comparative analysis of the two groups within the qualitative sources (facilitators and crisis counselors). While factors were fairly consistent between these groups, some large discrepancies did exist, in terms of number of average mentions during interviews (Table 14). For example, counselors—on average—brought up the topic of notice of death (5.2 mentions) as a complicating factor more than twice as much as facilitators (2.33 mentions). Additionally, facilitators—on average—brought up the topic of population at risk (5.0 mentions) as a complicating factor more than four times as much as

counselors (1.2 mentions).

Differences in the content quality of responses were also identified. Crisis counselors, for example, tended to indicate issues around communication with students as more problematic when discussing quality of communication: “Kids want to know like how they died . . . a lot of the kids were ruminating on like, was it a suicide? . . . this is all we know, even if you’ve heard something else, this is what the news is reporting or what the family has reported.” Facilitators tended to address quality of communication as it pertained to the adults and their procedures: “I think communication wasn’t the best because nobody knew what was going on, there were just a lot of hands in the pot . . . making sure we have everything in place to make sure we’re sending out the letters and being prepared.”

Death by suicide, in particular, was frequently mentioned as a catalyst of this tension in communication. There is no question that suicide has made a significant impact on the perceptions of the participants. Seventy-five percent mentioned suicide as a type of death that made a crisis response more challenging, and when recalling one of the most challenging cases in their career, seventy-five percent of respondents described one involving suicide or the possibility of it (since some responses are done while the question of exact cause of death is still unanswered, at least for students). Multiple participants discussed the ways in which suicide was processed by students and staff: “I will say suicides or gun violence tend to be more difficult, especially suicides. Because there’s a lot of questions from the staff, they say ‘What did I miss?’ and so there’s a lot of guilt there . . . and a lot of students don’t understand,” “The death of a student by suicide, those are the hardest ones for me to respond to . . . Obviously, like any loss is difficult right? But when you’re a support staff member and part of your job is to support kids . . . and then you have a student that, I don’t want to say died on your watch, but died in your

building, and you weren't able to give them support because you had no idea," and "It could just be because of the shock not having known, and students really struggling with being able to return back to class." The prevalence of suicide mentions in these data may be all the more remarkable given the fact that suicides occur in only 8.6% percent (Table 3) of the cases in the dataset. Three factors that appear to have influenced this are also all theme subcategories identified in the interviews: circumstances of death, quality/nature of communication, and notice of death. During the interviews, these often intersected with suicide in significant ways.

For instance, the circumstances of a suicide are often violent and sometimes sensationalized soon-after in social media. One poignant example in the dataset involved the case of Marcus discussed above, the young man who shot himself during a video call with his girlfriend, the details of which quickly spread over social media. Social media appears to have a direct impact on the crisis team's ability to control messaging. One such example was mentioned in the crisis log: "Mother posted to Facebook about the suicide, which caused the student body to be aware of the situation before we could respond." The impact of social media on messaging was also mentioned during interviews: "In the past there was no social media. So when we'd read that announcement, this is the first time all students and staff were hearing it. Some staff were taken off guard and shocked with social media. Now I think most kids have heard by the time they come to school."

This discrepancy between the official language of the statement and the sensationalized information that is rapidly being shared amongst the closest social circles of the deceased, appeared to create palpable tension during the response. Fifty percent of the participants mentioned this tension specifically when noting challenging aspects of crisis response, such as "what we're allowed to tell them and what we're not allowed to tell them," "there wasn't any

indication that it was suicide . . . so it was thought that it was accidental, but we just weren't sure," and "sometimes, if we don't know the cause of death, the students will continue to ask questions." However, this concern wasn't evenly distributed, as none of the team leadership mentioned it and 80% of the counselors did.

Due to the differences in the quality and content of responses between groups, and the discrepant numbers of mentions between groups for some key complicating factors, results indicated that crisis team leadership and direct service providers perceived the complicating factors of crisis response differently.

Research Question Three: Staff Suitability for Crisis Response Work

The third research question sought clarity on whether facilitators and crisis counselors would self-identify different characteristics that made them suitable for crisis response work:

R3: Will members of subgroups (leadership and direct service providers) describe their suitability for crisis response work differently?

The difference between leadership and counselor responses regarding staff characteristics was noteworthy. Incidents of potential vicarious trauma were exclusively mentioned by counselors (60% of the counselor interviewees), even though those in crisis leadership roles tended to have more experience with crises, on average (Table 4). One explanation is that the respondents in crisis leadership also tend to be the ones to mention compartmentalization techniques (2 of 3 [67%]), whereas counselors tend to mention duty and responsibility to serve (4 of 5 [80%]). The other explanation, of course, is that even though facilitators are present at the crisis and privy to all the details, counselors are typically more intimately involved in the process and delivering therapy to students much more often than facilitators are doing so. The result of more direct student contact from counselors is their increased exposure to student trauma and

intense emotions. The fact that when queried about their most challenging crisis in their career, staff overwhelmingly choose to describe cases of suicide or witnessed death (Table 16), gives some indication as to the potential sources of vicarious trauma present in the dataset. Violent and witnessed deaths are more likely to resonate within the community and create more challenges for the response team (de Leo et al., 2015; Giannotti et al., 2020; Lahad & Cohen, 2006; Roth & Fernandez, 2018). The implications of participant responses on temperament and suitability will be further discussed in Chapter Five: Discussion.

Chapter Five: Discussion

Summary of Findings

The current research corresponds to a two-fold purpose: (1) quantify the longitudinal crisis responses of a large, urban district, and (2) solicit the feedback of experienced crisis responders as a means of comparison with published best practices. The research questions focus on the perceptions of responders within the context of the longitudinal aggregated crisis data (Table 6).

Data resulting from the longitudinal analysis demonstrate that a K-12 school district of substantial size (such as the one in the current research, of approximately 75,000 students) may experience a significant amount of student and staff death. Over the 6 years covered in the current research (2016-2022), 152 crises occurred, more than 25 crises per year, on average. Given available data for other districts and communities, these data found in the current study appear consistent with the experiences of other mid-to-large size districts in terms of prevalence (Green, 2021). Additionally, the current data both support and align with other reports of the rising rates of child homicides (Wilson et al., 2023). Furthermore, the data on death and trauma indicate that such experiences are not evenly distributed across populations, with a statistically significant relationship between population and cause of death indicated (Table 9); high school

student homicides and gun-related deaths, and staff medical deaths are disproportionately high.

Research Question One examined the return to pre-crisis functioning, or reequilibration in the school (Aron et al., 2018), and whether it would be: (a) defined by participants in alignment with definitions within published best practices, and (b) described consistently between both crisis team leaders and direct-service providers. The perceptions of experienced school crisis responders in the current study regarding reequilibration do indeed align with best practices, with the results suggesting as emphasis on student readiness to return to a routine, and on assuring building environments that are orderly and not disruptive to education. These elements of pre-crisis functioning are discussed throughout Brock's (2016) PREPaRE model, in the narrative case studies of Roth and Fernandez (2018) and encompassed by Aron's (2018) definition of reequilibration. Furthermore, crisis counselors and facilitators alike have defined reequilibration in very similar terms (Table 18), demonstrating agreement regardless of one's role on the team.

Research Question Two examined the challenging factors for crisis response and whether perceptions of participants would: (a) demonstrate agreement with published best practices, and (b) demonstrate agreement regardless of role on the team (leadership or direct-service provider). Both participants and the log narratives mention all challenging factors for school crisis response commonly cited in the literature (Table 3). However, there are some notable differences between the responses of crisis counselors and facilitators. This disparity in responses is most evident during discussion on the conveyance of messaging to students and while describing their own characteristics that made them suitable for crisis response work. Results also indicated participants mention suicides and witnessed deaths with much greater frequency than would be predicted by their occurrence rates alone.

Research Question Three investigated whether crisis team leaders and direct service providers would perceive of their suitability for crisis response differently. Perceived differences were found, as facilitators tended to describe personal traits and aptitudes while counselors tended to conceptualize the role as duty-bound and/or in response to a need. Vicarious trauma was also exclusively recognized in counselor interviews, while facilitators described compartmentalization techniques as a coping strategy.

Explanation and Implications for Findings

Longitudinal Crisis Data

Consistent with other studies of school crises, the prevalence of school crises found in the current research does not appear to be an anomaly. The tragic circumstances of Clark County, NV (Green, 2021), where 18 student suicides occurred in a single year, is one such example of a large K-12 school district grappling with inconceivably high rates of student death. Additionally, though school crisis data are seldom (if ever) published in aggregate, the death rates among children in our cities provide one indication of expected crisis prevalence in the school districts that educate them. Homicide is now the leading cause of death among children in the United States and has been increasing for children growing up in urban areas (Wilson et al., 2023). Furthermore, gun violence is the leading cause of death for children and youth in the United States between the ages of 0 and 24 (Simpson & Rohan, 2023). It is not unexpected therefore, that homicides (Figure 9) and gun-related deaths (Figure 11) are substantial in the data included in the current research, with 54 homicides and 53 gun-related deaths (these categories are not mutually exclusive) occurring over a 6-year period (Table 6).

The disproportionately high number of high school student deaths by homicide and gun violence are cause for concern. Statistics on staff deaths demonstrate an entirely different

outcome, with most medical deaths belonging to this population. These discrepancies may be the most poignant and tragic possible examples of just how differently the students from an urban environment may live, as compared to the staff who educate them.

Perceptions of Experienced Responders

Given the experience level of the crisis response team utilized in the current research (Table 5) and their training in PREPaRE (Brock et al., 2016), it is not surprising that perceptions match published conceptualization of reequilibration (Aron et al., 2018; Roth & Fernandez, 2018) as well as challenging factors to crisis response (Table 3). Interviewing experienced practitioners demonstrates the value in verifying published best practices with field research, a “practice-based evidence” approach (Lung, 2018).

The current research also somewhat provides a supplemental human narrative to literature that has the potential to seem too detached from its actual application—the work of aiding those in need during a time of extreme grief and emotional disturbance. Qualitative research is particularly suited to humanizing a dataset, given one of its primary purposes is to discern how “people interpret their experiences” and “make sense out of their lives” (Merriam & Tisdell, 2016, p.15). Roth and Fernandez (2018) expertly achieve this through storytelling, while others (Aron et al., 2016; Brock et al., 2016; Lahad and Cohen, 2006) have outlined methodologies for addressing a crisis when it occurs. Through utilization of detailed individual experiences and perceptions applied to the contextual data of crisis cases, the current research has demonstrated the potential of building upon its predecessors by combining qualitative analysis with methodologies in the field.

Agreement Between Practice and Publication. The current research has the potential to enhance the knowledge base of those working in school crisis response by updating the

information gained through qualitative inquiries conducted during prior research on the topic (Adamson & Peacock, 2007; Bredrup, 2020; Roth & Fernandez, 2018; Villa, 2021). The indication is that programs such as Brock's (2016) provide adequate training for fieldwork and that school psychologists and others who have gone through such training have a good idea of what to expect in their districts when a crisis occurs. If reequilibration can be consistently defined as it has been in the current research, the anecdotal refrain for describing it as "I know it when I see it" can be supplemented with concrete expectations. Similarly, the most challenging factors for crisis response that have been identified in the literature (Table 3), now given a form of verification in recent, qualitative analysis, provide the potential to help reinforce training.

The Importance of Messaging. While agreement between the perceptions of participants and the published literature was predicted, disparity in the content of responses between team roles was not. The biggest difference found pertains to messaging of students and the subsequent tensions that result from incomplete messaging, for which crisis counselors express much more concern than do the facilitators. One obvious reason for this difference in concern expressed between crisis counselors and facilitators is that facilitators are responsible for creating and enforcing the messaging but do not generally have to directly deliver it to students and staff. As a result, facilitators may not perceive it as problematically as counselors do. Results from staff interviews of crisis counselors reveal the perception of tension students demonstrate when messaging is inconsistent or incomplete.

Suicide in particular is often mentioned in the context of messaging. Suicide is often a surprise—at least to most of the school community—and teams are often the ones breaking the news of the death. This makes suicide postvention even more complex, and generally adds to the difficulty of the response, as reflected in all respondents mentioning notice of death as an

influential factor. Additionally, the information provided around a suicide is necessarily incomplete during an initial response. Often, team leadership has not been able to confirm the fact that the death was a suicide, and the most provocative details are neither readily available at the onset nor deemed prudent to share in a formal statement. This lack of confirmation by team leaders does not mean, however, that such details have been kept out of social media nor spread rapidly amongst students and staff; in many cases, family members of the deceased share intimate details on social media within hours of the death.

It is not surprising, then, that participants often mention social media in the context of messaging and suicide, particularly as social media has shown the potential to both contribute to and complicate suicide and suicidality (Ortiz & Khin Khin, 2018; Swedo et al., 2021). While the impact of social media has resulted in fewer crises where students and/or staff are unaware of the death prior to the team's arrival, cases involving suicide tend to evolve organically while the team is present, creating a more difficult situation to manage. This difficulty is primarily due to the tension between what is immediately reported and what ultimately becomes known.

Regardless of whether or not messaging is emphasized, both counselors and facilitators mention the topic of suicide with great frequency. One factor may be that unlike other types of deaths, suicides have the unique potential to further endanger the community via "clustering." Since the primary function of the crisis team is restoring reequilibration and addressing student mental health needs before they burgeon into greater concerns, the team is engaged in prevention in addition to postvention. Preventing further death that may be caused by clustering would necessarily, then, be paramount to the team's goals. This phenomenon, though observed in many studies and often referenced as "contagion," has a variety of similar definitions rather than a single one (Niedzwiedz et al., 2014).

Despite its resistance to a single definition, four characteristics of suicide contagion have emerged from research: transmission, imitation, contextual influence, and affiliation (Cheng et al., 2014). These four characteristics reveal social risk factors following a suicide, manifested through community interaction. Suicide contagion has been widely recognized as a factor worthy of mitigation in postvention (O'Connor & Perkis, 2016). Due to these factors, suicide warrants layered postvention that is both intensive in the short-term and sustained for many months and even years—such as considering the anniversary of the death (Aron et al., 2018). Even more pertinent to the current research and the training considerations mentioned herein, a recent study of the perceptions of practicing school psychologists indicated that more than half of those surveyed endorsed limited competency not only in suicide postvention but in preventing contagion (O'Neill et al., 2020). Suicide is shown to be particularly prominent in the recollections of interviewees in The Most Challenging Cases in One's Career section within Results (Chapter Four).

The tension between what is shared and what is believed or known by the students the multi-tiered response system (Figure 4) utilized by the team. Best practices support that the prepared statement must necessarily address the needs of the entire school community accurately and compassionately in a standardized manner (Brock et al., 2016). However, the Tier I response is not designed to provide the flexibility and support required of students who are likely to require more intensive intervention in the form of private, individualized and small-group counseling. Since these students are typically either those who had closer relationships with the deceased and/or those who are processing prior loss or trauma, they are reflected in Lahad and Cohen's Circle of Vulnerability (2006) model as clients in psychosocial proximity and/or in a population at risk.

Adhering to a multi-tiered system during crisis response requires once the initial announcement is made that addresses Tier I, students in need of Tier II supports should be intervened with as quickly as possible. Rapid response to the varying needs of the school community helps address the predictable tension resulting from what is officially shared and what may be believed or known by some members of the school community.

To some extent, proactive measures before a school-wide announcement is made may mitigate the tension resulting from the competing needs of school community members. The team, when utilizing proactive measures, uses a model such as Lahad and Cohen's Circles of Vulnerability (2006) to identify those who are likely to need Tier II or III supports. This practice is highly recommended, as these students and staff can be directed to private spaces for processing grief and spared the experience of being present for the public announcement (Aron et al., 2018). This technique should be a part of every team's planning session; while it will not encompass all who may need services beyond Tier I, it should help mitigate the difficulties inherent in addressing multiple intervention levels at once. The crisis log contains multiple such examples of proactive layering of tiered supports designed to address populations with psychosocial proximity (Lahad & Cohen, 2006): "Crisis team staffed each classroom to assist [the teacher] with reading the announcement for second through fifth grade," and "student played on the football team . . . coach and players were notified separately."

Staff Characteristics. Both identified subthemes of the Staff Characteristics category—temperament/suitability for the job, and vicarious trauma experienced on the job—reveal differences between counselor and facilitator responses. Potential vicarious trauma in some participants was indicated during the interview process, though this was limited to the crisis counselors, who also tended to endorse that they worked in crisis response due to professional

duty rather than their ability to compartmentalize.

It is important for crisis team leadership to emphasize that the health and well-being of support staff on crisis response teams is paramount; to serve clients, providers must first ensure they themselves are well. School psychologists and others delivering mental health supports must prioritize self-care (Lopez, 2018), a practice which can provide better overall outcomes related to burnout, compassion fatigue, and better physical and emotional health overall (Shepherd & Newell, 2020). The importance of ensuring staff take care of themselves should be made explicit, especially given the fact that mental health professionals may be resistant to self-care due to avoidance, self-concept of their role as caretaker, or even denial (Dattilio, 2023).

The primary way for school districts to ensure that crisis response staff members engage in self-care practices is by the district having sufficient resources and staff to handle the workload. Research on crisis responders in health care indicates that adequate staffing is important to preventing burnout, and emphasizes that the “demands placed on the crisis professional are not excessive” (Yeager & Roberts, 2015; p. 674). Larger districts with students and therefore more crises can rightfully expect a larger workload than that of smaller districts. The district in the current research, which has experienced 25.3 crises per year over a 6-year span (Table 6), is one such example. However, larger districts may also rely upon larger pools of personnel. The current research examines a district with a yearly crisis response team of 50 to 60 crisis counselors that rotates some personnel on a yearly basis; more than 60 individuals met the criteria for “experienced” (a minimum of 10 crises and three years on the team) in the current study, further demonstrating the potential for a large district to adequately staff its crisis responses. In contrast, smaller districts and any with limited mental health support staff may find it difficult to meet such staffing standards.

To promote self-care amongst responders, not only must staff be hired and trained; administrators must rotate team members to every extent possible to provide enough time for recovery between participating in crisis responses. Ejlerstson and colleagues (2018) cite recovery between cases, in addition to work-life balance, as fundamental aspects of self-care for health care providers. The district in the current study alternates responsibility for “crisis lead” on a weekly basis, between the school psychology and social work departments. In the study district, facilitator and administrator capacity had also grown over the past decade, with three facilitators and three administrators in each department. This deliberate attention to capacity and self-care by the study district is mentioned by at least one participant in their interview: “They’ve added two more crisis team facilitators to kind of spread us out a bit more so it’s not just two of us that are always responding to the team. So that’s made things a bit easier in terms of self-care, because I know I can say no to some responses and now there’s somebody else willing to cover it.” Furthermore, crisis counselors are also assigned to certain weeks and not called on others, allowing for breaks between responses, to every extent possible. In addition to a rotation system, it is important for crisis team leadership to verbalize and model the expectation of voluntarily turning down a crisis response request whenever one feels that they cannot serve in that capacity, for whatever reason. Every team member should receive this information in training and is reminded of it on a regular basis.

Any staff, regardless of size, should also be afforded the opportunity to both debrief about their experiences, and socialize with others who may be able to relate to their experiences. Several participants in the current research emphasize the value of such socialization. The importance of debriefing has been emphasized for medical teams following crisis management (Conoscenti et al., 2021) and for pediatricians after handling a difficult case (Neeley et al., 2023),

in order to review practices when still fresh in the minds of the team. A similar practice is recommended for school crisis response teams as well, in order to address outstanding concerns, allow for discourse, and learn from experience.

The importance of staff resources for their own mental health needs is evident to all who do this type of work. During the crisis response, teachers are routinely relied upon to withhold their own intense emotions to caretake for their students, only later grieving in isolation once they've left work. Such a system has a profound impact on their well-being and their career length (Hart & Garza, 2012; Levkovich & Duvshan, 2021). The procedures within the system discussed in the current research include an "employee assistance program" for staff as part of the district's benefits available. This system provides a 24-hour phone number and multiple employer-paid counseling sessions; additionally, mental health counselors from the contracted vendor are routinely called upon to visit a school immediately following a crisis response, offering "walk-in" services for adults. This EAP service is the same one that was offered to respondents at the conclusion of their interviews.

Another strategy to promote self-care is to regularly encourage team members to perform self-checks on their level and quality of self-care. The Professional Quality of Life measure, or ProQOL, is one such tool that is readily available. The ProQOL is free online (www.proqol.org/proqol-measure) and currently translated into 28 languages. The measure is under continuous development and regularly updated based on scientific feedback. Its compassion satisfaction construct was found to be satisfactory, while validity and/or reliability issues have been noted in its burnout and secondary trauma stress scales (Hemsworth et al., 2018). Despite some of these concerns, the ProQOL continues to be utilized regularly to assess the burnout of staff, particularly amongst medical professionals (Bales et al., 2022; Steinheiser,

2018). Certainly, an instrument for staff in the “helping” professions to personally assess whether their self-care is adequate given the amount of stress they experience, would seem to carry some value.

Student Trauma. In addition to vicarious trauma, the impact of acute and chronic trauma in the lives and experiences of our students is also a frequent topic amongst respondents during interviews. The witnessed deaths discussed with regularity (including the majority of “most challenging” cases) are described in ways that connoted a traumatic rather than bereaved presentation, rooted at least in part in fear rather than grief alone. One example is the case of Aaron, whose death is mentioned by multiple respondents in the context of a particularly challenging crisis response. He was crossing the street near the school and struck by a car while in the presence of many other students. The students who witnessed it continued to repeat one specific detail: blue Gatorade being spilled from his backpack at the site of the accident. The adults who counseled these students then repeated the detail, both at the time and in interviews during the current research, much later. Interviewees and the students they described were ruminating upon a disturbing visual image, something not uncommon following traumatic events that may further complicate recovery (Pugach et al., 2020; Roley et al., 2015). Participants also frequently mention students during crisis response that are not ready to grieve and have difficulty processing anything other than anger initially. Angry outbursts from students are both disruptive to the response and counter-productive to establishing reequilibration (Aron et al., 2018), as it tends to lead to fighting amongst peers. More than one respondent describes such a scene as “chaos,” which obviously stands in opposition to the orderly environment the team is attempting to restore.

The opposite effect is also frequently mentioned in interviews, students who seem

“numb” or “callous” to the news of a classmate’s death. Traumatic grief in childhood is one possible explanation for the reaction interviewees describe from the children they have served. Childhood traumatic grief is defined as “the development of significant trauma symptoms following the death of a parent, sibling, or other important attachment figure that interfere with typical grief responses, leading to co-occurring trauma and maladaptive grief responses,” (Cohen et al., 2017, p.7). Trauma symptoms can include fear, sadness, depression, and anger, and may be triggered from reminders of the death that was personally experienced (Cohen et al., 2017).

Due to trauma’s interference with grief, every crisis response team should undertake the task of distinguishing the two and being prepared to address both. PREPaRE (Brock et al., 2016) training includes the importance of recognizing the warning signs of traumatic stress such as anxiety, hyper-vigilance, shock, and/or anger, and cautions against overly pathologizing early crisis reactions. However, these reactions become more concerning in the event they persist over time and/or increase in intensity. Several screeners are available for assessing traumatic stress and recommended within the PREPaRE (Brock et al., 2016) manual: the Child PTSD Symptom Scale (Foa et al., 2001), the Child’s Reactions to Traumatic Events Scale-Revised (Napper et al., 2015), and the Pediatric Emotional Distress Scale (Saylor et al., 1999).

A crisis response team is also charged with considering the impact of trauma within the context of its cultural variations. Respect for cultural values is fundamental to any psychosocial intervention (Cohen et al., 2017); a crisis response is no exception, and PREPaRE (Brock et al., 2016) makes specific mention of considerations to be made during interventions. Considerations that have also been identified in other literature include the manner and quality of resilience (Buse et al., 2013), amount and type of social support (Zaiontz, & Sarkar, 2014), and variation and intensity of symptoms (Heim et al., 2022). It is also worth noting that the traumatic

experiences of our young Black men in urban environments have the potential to create unique defense mechanisms beyond those typically cited for PTSD (Singletary, 2020).

Limitations

Homogeneity

One of the strengths of the current research is its intentional focus on a single K-12 school district over an extended period, as it facilitates a thorough and robust examination. However, this study characteristic also produces some obvious limitations, the question of whether or not such a homogenous analysis provides—beyond the benefits of the depth of information regarding actual field experience in school crisis response—the breadth that supports generalizability. Similarly, the crisis responders sampled for the qualitative portion of the research are also homogenous in composition, by virtue of their crisis experience that exclusively has taken place in the same K-12 district.

One shouldn't be unnecessarily dismissive of the current results due to these factors, however. First, homogenous groups are acceptable in qualitative study design, to the extent they are purposeful. Such sampling is “based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned” (Merriam & Tisdell, 2016, p. 96). As the current research questions seek to compare manualized best practices with practitioner experience, and examine whether a “particular theory can be sustained in practice” (Merriam & Tisdell, 2016, p. 75), a purposeful sampling from experienced crisis responders is appropriate and justifiable.

Because the participants are all practitioners within the same district, quantitative analysis of characteristic data provides a richer understanding of the subject matter. Such methodology also allows for direct comparisons of experiences when multiple respondents share details from

the same crisis, as they do repeatedly in the current research. This convergence of qualitative information allows for a deeper analysis of what is perceived whether it is unique or shared, and how perceptions may be impacted by team role and/or perspective. Perhaps most importantly, the combined experiences of the responders in the current research are postulated to be of value to any K-12 school district, not just those that experience substantial numbers of student and staff death. In fact, a district administration grappling with the impact of its first student suicide is even more likely to require a better understanding of field research than one for which such an event, tragically, is more commonplace and therefore benefits from the wisdom of its own experience.

Lack of Administrators

Another potential limitation is that the original intent of the research—to gather field perceptions of experienced responders while comparing those in crisis team leadership roles to direct service providers—has only partially been met. The team composition of the district in the current research includes two levels of leadership (administrators and facilitators) and one level of direct service providers (crisis counselors). Though five administrators met the study inclusionary criteria and were solicited for participation, and three expressed initial interest, none returned their consent forms despite multiple attempts; therefore, the research is limited to facilitators and counselors. This is only limiting in so much as one expects team administrators to have different enough perceptions than those held by facilitators, something impossible to ascertain with any certainty at this point. The two roles overlap in significant ways, and the expectation is that administrator perceptions would be more similar to those of facilitators than those of counselors. However, given their omission from the current research, one cannot assert that this is the case, or that team administrators don't—in fact—perceive things substantially

differently than either group. Some differences have been noted between facilitators and counselors and there's no reason to believe more wouldn't be discovered from a third group involved in the process.

COVID-19

The onset of the COVID-19 pandemic two-thirds of the way through the longitudinal data collection (after the 2019-2020 school year) presents another potential research limitation, made more obvious by the extreme increase in crisis response numbers, with a pre-pandemic average of 18 per year and a post-pandemic average of 40 per year (Table 6), or a 120% increase. Crises of all categories and amongst all populations in the dataset increased over this time (Figures 7 – 16). Again, trends such as the extreme increase in crisis numbers evident in the current study was reflected in society as a whole; during the pandemic, fatality and rates of homicide in particular increased (Wilson et al., 2023), and mental health needs increased (Cowie & Myers, 2021; Usher & Bhullar, 2020). Some colleges have even shared statistics on the increase in student deaths when comparing numbers before and after the onset of the pandemic; North Carolina State, for example, reported 14 student deaths (including seven suicides) among its approximately 36,000 students during the 2022-2023 academic year, compared to a prior yearly average of eight (Charalambous, 2023). In addition to an increase in workload for crisis responders, the current research also indicates at least a partial shift to virtual and remote service delivery via computers and phones. In total, 18 of the crises in the current research dataset are conducted entirely remotely (Table 6).

However, whereas intervention necessarily pivoted once students began engaging in virtual, rather than in-person, learning—it did so while maintaining the fundamental tenets of crisis response methodology: SST (Single Session Therapy) (Harper-Jacques et al., 2008;

Talmon, 1990), *triaging* (prioritizing client response according to need) (Polat et al., 2018), and utilizing MTSS (multi-tiered systems of support) (Stoiber, 2014). Therefore, beyond noting its impact on caseloads and the perceptions of practitioners, there is no reason to believe the pandemic has negatively impacted the validity of the current analysis. On the contrary, consideration of the impact of the pandemic in the context of these data is both timely and reflective of society. As such, the current study contributes in a significant way to the understanding of how the pandemic intersects with critical traumatic events.

Utilizing the efficiency and speed of technology coupled with the size and expertise of the team, crisis counselors routinely were able to contact up to 200 families and students individually over the course of a single day, monitoring and editing a shared document that continually communicated progress (Appendix F). This allowed the team to correspond virtually in real-time while addressing student needs. While service delivery has shifted back to on-site intervention since in-person restrictions were lifted, the team has retained aspects of virtual crisis response. The team referenced in the current research routinely utilizes virtual meetings for addressing school building-level staff, and for planning and debriefing. Additionally, when students who are not in attendance require support, virtual platforms have allowed for increased access. This development has been analogous to the increase in teletherapy documented by others during and since the pandemic (Taitz, 2022). With the current research ending at the cusp of the COVID-19 pandemic's decline in lethality and reduction in social distancing recommendations (the pandemic's international health emergency "ceased" on May 11, 2023 (U.S. Department of Health and Human Services, 2023), it is unclear whether school districts will return to pre-pandemic crisis numbers and how long it will take to do so. A study conducted a few years in the future, assuming no further global outbreaks of the magnitude just

experienced, would provide a more longitudinal perspective in understanding these trends.

Future Directions

Further Research

Analysis of a large K-12 school district in the United States, such as in the current research, lends itself to robust data such as the 152 cases covered in the 6 years presented here. However, a better understanding of both the prevalence and quality of crises in smaller districts, and the perceptions and preparedness of its practitioners would likely also prove valuable. Unfortunately, a review of the current literature suggests there are no such data published. To conduct an analysis that would provide greater generalizability) may require multiple districts combining their data for research, due to smaller enrollment within rural and suburban locations with an expectation of reduced fatality compared to urban locales (Lecounte & Swain, 2017; Wilson et al., 2023). An existing structure for such collaboration and organization, such as state ESAs (Educational Service Agencies) provides a method for unifying smaller districts; one such example is Wisconsin's Cooperative Educational Service Agency (CESA), that divides the state into twelve regions for ease of communication and resource management. ESAs could be utilized not only to combine data but also, where the need arises amongst staff-starved districts, to co-manage crisis response personnel as well. Additionally, a follow-up study that includes team administrators would add some useful information to the collective understanding.

Use of Crisis Data for Prevention

Analysis of crisis response data and utilization of systems such as the response log from the current research, is useful for postmortem analysis taking place within collaborative, multi-disciplinary teams such as a Child Death Review (CDR) (Granik et al., 1991). Such a team operates within a jurisdiction such as a county for the purpose of bringing together professionals

across various relevant disciplines (medical, social, educational, legal, etc.). Not only can such a team facilitate inter-agency collaboration on prevention, but by virtue of its interaction with multiple school districts impacted by student death, it can facilitate inter-district collaboration of resources and strategies. Other researchers have recognized a need for such teams to partner with agencies specializing in prevention (Omaki et al., 2021; Swallow et al., 2022). Representatives from the K-12 school district for the deceased in question are in a unique position to provide and recommend resources and preventative programming. The school psychologist, by virtue of their role as scientist-practitioner (Edwards, 1987; Huber, 2007; Peterson, 1985) is particularly suited for serving in this capacity, connecting data analysis and systemic trends to preventative services at the school level.

Furthermore, the more detailed components that a district specifies in its crisis log and procedures, the more efficiently it can respond to enact preventative services following postvention. One recent procedure enacted by the district in the current research includes rapid identification of siblings and witnesses/friends to any crisis for the purpose of offering services. These services aim not only to assist in processing grief and/or trauma from the crisis, but to empower clients with resiliency to withstand and resist further risk factors. One salient example involved a fourteen-year-old girl in the dataset who was the victim of gun violence, in the presence of her friend. The identity of the friend was obtained via inter-agency collaboration since it was not readily available to the school system otherwise, and the girl did not self-identify. The team was then able to connect the girl and her mother (after further discussion with the family) with therapeutic services. Another application of the same response system has succeeded in connecting three young men who were all younger brothers of teenage boys who'd died as a result of gun violence, in very similar but unrelated incidents. The three younger

brothers were reported to organically discover during group therapy that they had experienced similar traumas and made an immediate connection with one another that enriched their therapeutic experience. In these ways, a flexible and equipped crisis response team both addresses postvention for grief and trauma and coordinates interventions with the aim of preventing further fatalities.

One important indicator from the current study is that preventative practices needn't begin only when a school district becomes aware of a fatality. Programming that addresses trauma, teaches competencies around emotion management and relationship-building, and supports mental wellness amidst growing mental health concerns in our children (Cowie & Myers, 2021; Usher & Bhullar, 2020) has the capacity to reduce the likelihood of crises and provide the school community with adaptive skills when confronted with one. Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is one such program designed to provide children relief from symptoms stemming from acute trauma over 10 structured therapeutic sessions (Jaycox, 2004). CBITS has been shown to be effective in reducing symptoms across a diverse group of students, including in populations of adolescent girls in the child welfare system (Auslander et al., 2020), and Spanish-speaking youth (Allison & Ferreira, 2017). It is imperative, however, that any such program is conducted with adequate communication with teachers, who might otherwise fail to recognize its importance (Baweja et al., 2016).

Curricula that incorporate Social and Emotional Learning (SEL) programming is frequently utilized within the K-12 school system. One such program, Second Step from Committee for Children, has collected years of evidence-based research supporting its effectiveness (Espelage et al., 2015; Hussey & Flannery, 2007; Kim et al., 2019; Upshur et al., 2017). While not intended to be used as an intervention for students who've experienced

traumatic events, these weekly lessons, when embedded in the curricula and procedures of a classroom, can increase student SEL competencies across multiple domains identified by the Collaborative for Academic, Social and Emotional Learning (CASEL): self-awareness, self-management, social awareness, relationship skills, responsible decision making (CASEL, 2018). However, more research involving students of urban districts utilizing Second Step is needed.

Youth Mental Health First Aid (www.mentalhealthfirstaid.org) (YMHFA) training is another well-established program that has a preventative role to play; student-facing adults are provided with an intensive eight-hour course on mental wellness, awareness of mental health issues impacting students, and techniques for support and referral. The training has been proven effective at increasing adult mental health literacy amongst educators working in diverse, low-income schools (Ross et al., 2023), at improving the responsivity of adults working with children involved in adjudication (Anderson et al., 2020), at reducing parent-held stigma of mental health services (Marsico et al., 2022), and at improving the confidence to intervene in mental health matters for professionals in a diverse group of child-serving agencies such as child welfare and the justice system (Childs et al., 2020). Specific research on the impact of YMHFA in populations of children in urban settings is not available.

Overall, the findings of the current study suggest that it is imperative that school districts design their crisis response system on a continuum that includes preventative programming such as that mentioned above, rather than simply addressing postvention once a tragedy has already occurred. One important procedural question of a CDR team, once review of a case nears completion, is whether the death being discussed was preventable (Granik et al., 1991). Both the characteristic data of the current research (Table 6) and the input from the current study participants regarding their most memorable cases (Table 16) demonstrate that the majority of

deaths outlined here have been preventable. Gun-violence alone constitutes a staggering 62.5% of all high school deaths in the database (Table 8), and 13 suicides have occurred overall (Table 7). Accidental deaths, often the result of risk-taking behaviors noted in the crisis log such as reckless driving, comprise 17.8% of the 152 deaths in the dataset (Table 6). Furthermore, the stories of current study participants often describe circumstances involving suicide, preventable accidents, and gun-violence.

Informing Future Training

Findings from the current study (and any that may follow its methodology) may better inform university training programs, professional development for crisis response teams, and ultimately the manualized trainings that have served as the framework of the procedures and practices undertaken here. Any manualized program, while necessarily rooted in theory, benefits from a steadily evolving evaluation that incorporates practice-based evidence (Lung, 2018). Recent, frequent field experience is particularly relevant, especially from experienced crisis responders who represent a very select portion of educators overall. Such expertise is difficult to access under any other circumstances than through targeted qualitative analysis. Results of the current study suggest the authors of crisis intervention programs such as PREPaRE (Brock et al., 2016) could likely benefit from crisis responders' lived experiences and feedback, and include their case studies with more regularity in their training program in future editions.

The perspectives of practitioners working in urban environments with prevalence rates such as those characterized in the current research may prove to be an important and rare contribution. For example, during an analysis like the one undertaken in the current research, themes and details that resonate with practitioners years afterwards are better understood. These details from actual crisis responses, like the tendency of participants to mention suicide and

witnessed death and the manner in which they have done so (Table 16), better inform considerations around staffing, self-care, and postvention. Furthermore, the detailed recounting of specific responses and the emotionality they elicit humanizes the topic of crisis response and serves as a reminder that plans and strategies must account for the varied reactions of the school communities one serves. The emphasis crisis counselors in the current study place on the importance of timely and clear student messaging is one such lesson. The current research not only provides comparative analysis for those working in similar environments, but also guidelines for those who will end up rarely encountering such crises during their careers. A single student or staff death is one too many for any district. On that unexpected and tragic day, the aggregated perspectives of experienced staff such as those uncovered in the current study may prove invaluable.

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Appendix A

Recruitment Materials

To: potentialparticipant@email.com

Hello,

I'm contacting you to find out if you are interested in participating a **voluntary research study** that I'm conducting as part of my doctoral dissertation.

The purpose of the study is to gather information on the impressions of **experienced school crisis responders**. If you choose to participate, you will be interviewed via Zoom by a research assistant; the interview should take approximately **20-25 minutes of your time**. The interview will be recorded for transcription purposes, stored on a secure server, and deleted within one-month of the interview date. Only demographic information will be retained with your interview transcript. Furthermore, beyond this point, research assistants will be accessing the interest list, reaching out for interviews, conducting interviews, and de-identifying the transcript before handing it over to me. **I will at no time have knowledge of who has chosen to participate and whose responses I'm analyzing**. Additionally, *your responses cannot be used for any evaluative purpose, and can only be used for this research*.

The benefit of your participation in this research is that you will be helping us better understand the specific elements of crisis response that practitioners are experiencing in the field, and whether or not these align with best practices within the literature. The risk to you participating is any negative or traumatic impact you may experience from recalling the details of crises.

These risks will be minimized by utilizing questions that are minimally invasive and focus on the policies, practices, and events themselves. Additionally, you will be able to pause or discontinue the interview at any point. *At any time during the process, you have the right to withdraw your consent to participate in the study*.

A minimum requirement of participating in this research is that you have **at least 3 years of experience** with the district crisis team, and have participated in a **minimum of 10 crises** over your career.

If you are interested in participating, please fill out the brief interest form found here:

<https://www.linktdplaceholder>

Thank you,

Travis Pinter

Senior Director of Specialized Services

tepinter@uwm.edu

Crisis Response Research Interest Form

Once you have completed this form, a research assistant will be emailing you an informed consent form, and then scheduling interviews after signed consent is received.

Completing this form in no way obligates you to participate in the study. Furthermore, you may withdraw consent at any time. Thank you.

First and Last Name *

Your answer _____

Licensure: *

- Psychologist
- Social Worker

Current/Most-Recent role on the crisis team: *

- Administrator
- Facilitator
- Crisis Counselor

Total number of crises in which you've participated in your career: *

- 10-15
- 16-20
- 21-25
- More than 25

Total years of experience on the crisis team:

- 3-5
- 6-10
- 11-15
- More than 15

Please provide your personal email for correspondence:

Your answer _____

Submit

Clear form

Appendix B

Informed Consent Release

My name is Travis Pinter, and I am a PhD student at the University of Wisconsin-Milwaukee. I am inviting you to participate in a research study that is briefly explained below. Please feel free to contact me with any questions you have: tepinter@uwm.edu.

I am interested in learning about the impressions of experienced school crisis team responders. An interview that will take approximately 20-25 minutes will be conducted via Zoom. The interviewer will be one of multiple people (graduate or recent graduate students with no affiliation to MPS) assisting me with the research. Research assistants will be accessing the interest list, collecting consent, reaching out for interviews, conducting interviews, and de-identifying the transcript before handing it over to me. **I will at no time have knowledge of who has chosen to participate and whose responses I'm analyzing.** Additionally, *your responses cannot be used for any evaluative purpose, and can only be used for this research.*

You will be asked to provide some demographic information and the interview will be recorded. This recording will be utilizing only the audio from the session to convert your responses into text format for later analysis. Participants may be contacted soon after interviewing in order to briefly clarify impressions or information provided during the interview. Your name will then be removed from the interview, and the research will utilize the transcription and demographic information (gender, race, licensure, team role, years of experience, estimated total crises). All other identifying information will be deleted, including the interview recording once it's been transcribed. This will take place no later than one month after the interview is conducted.

The benefit of your participation in this research is that you will be helping us better understand the specific elements of crisis response that practitioners are experiencing in the field, and whether or not these align with best practices within the literature. The risk to you participating is any negative or traumatic impact you may experience from recalling the details of crises. These risks will be minimized by utilizing questions that are minimally invasive and focus on the policies, practices, and events themselves. Additionally, you will be able to pause or discontinue the interview at any point. At any time during the process, you have the right to withdraw your

consent to participate in the study.

All of my questions and concerns about this study have been addressed. I choose, voluntarily, to participate in this research project.

Printed Name of Participant

Signature of Participant

Date

Appendix C

Semi-Structured Interview on Crisis Response

Background and Demographics (filled out by participants prior to the interview)

Name (for contact, to be de-identified in the data):

Licensure: (Psych, SSW)

Current/Most-Recent role on the team: (Administrator, facilitator, counselor)

Number of crises in which you participated: (10-20, 21-40, More than 40)

Years of Experience (How long ago in years was first crisis response in which you participated)?

Disclaimer

I'm going to be asking you to recall details of various crises you've encountered while serving on the district crisis response team over the years. The purpose is to better understand the qualities of crisis response and how those qualities may impact outcomes. To that end, I'd like you to be as honest and reflective as possible.

While I intend to utilize what you tell me for research purposes, none of what you say can be used for evaluative or disciplinary purposes, and your contribution will be de-identified in the research.

In recalling details, you may re-experience emotionally charged situations that may understandably be disturbing or upsetting. Please be sure to let me know if you wish to stop the interview or take a break at any point.

Questions and Specific Probes

(General probe of "Please tell me more about that" to be used for any question, as necessary)

1. *In your own words, what is the purpose of the district crisis response team?*
2. *As you know, a role on the district crisis response team is not something every school psychologist or social worker chooses. Why do you think you've chosen to participate on so many response teams over the years?*

P: *What helps you be able to do this kind of work on a repeated basis?*

P: *What do you think makes you suited for this type of work?*

3. *In your experience, how can you tell when the crisis response team's job is complete?*

P: *What does it look like at the school level?*

P: *What does it look like for students?*

P: *How long does a response typically take? Why does it sometimes take longer than average?*

4. *I'd like you to think for a moment about the most challenging/complicated school crisis response with which you were ever involved. (Pause a few moments) Do you have one in mind, or do you need more time? (Once the participant has indicated that he/she has a situation in mind). Now I want you to think carefully about that particular situation. When you're ready, please describe as much as you can remember about that crisis, such as the specific circumstances and details of the death, the procedures that took place during the response, and the student and staff interactions you were involved with.*

P: *What were the specific details about the death that stood out to you?*

P: *About how many students and/or staff needed assistance? (e.g., none, a few, many) How was the team aware of the number who needed assistance?*

P: *Please describe any specific student or students who stood out to you during your experience that day.*

P: *In what ways did the building staff handle the crisis in terms of their own behavior? (e.g., emotionality, ability to work/lead by example, ability to focus on routine/structure)*

P: *Please describe anything that building and/or district administration did that day that stood out to you. (e.g., interference with process, inability to act)*

P: *Please describe the response in terms of the adequacy of personnel on site and how this did or did not impact the response.*

P: *About how long did it take to fully respond? (e.g., 1-2 hours, one day, multiple days)*

5. *Now I'm going to ask you once again to think about crisis response more broadly. In your opinion, what are three factors that contribute the most to a complicated or challenging response?*

P: *In what way, if any, can the crisis team take measures to control these factors?*

6. *In your experience, what are three factors that contribute to a successful crisis response? Please be as specific as possible.*

P: *How do you know it was successful?*

P: *What role does the building administration play?*

P: *What role does central administration play?*

P: *What role does crisis team leadership play?*

P: *What role do the building educators play?*

P: *What role do preparation and/or procedures play?*

P: *What role does advanced notice of the death play?*

P: *What role does nature of the death play?*

7. *Is there anything else that you'd like to share about your experience on the crisis response team that you haven't already?*

Conclusion

That concludes our interview. Thank you for participating today. I truly appreciate your time and know that your input has provided valuable feedback for this research. As I look over and summarize responses, I'll be briefly following up with a sample of participants in order to broadly compare my impressions with theirs. Please feel free to decline to participate in this follow-up if you end up being contacted.


Also, as I stated at the outset, recalling crises of this nature can be emotionally draining and/or triggering. Please let me know if you'd like to speak "off the record" about anything pertaining to this discussion, or if you need to speak with someone else. Is there anything else that you'd like to say before we end? Thanks again.

Appendix D

Crisis Postvention Questionnaire


Date of Crisis Response *

Date

mm/dd/yyyy 

Date of Postvention Contact (4-7 days after initial response) *

Date

mm/dd/yyyy 

Functioning Assessment Conducted With (Check all that apply) *

- Administrator
- Counselor
- School Psychologist
- Social Worker
- Teacher

Please rate the school's return to pre-crisis functioning in the following areas:
Any score of 3 or below should be addressed via consultation: follow-up question for description of the issue, problem-solving around a solution, and coordination of additional services as needed. If you utilize multiple raters and any scores differ, record the lowest.

Class Schedules *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fully

Building Routines *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fully

Student Attendance and/or Tardiness *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fully

Student Counseling Needs *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fully

Student Disruptive Behavior *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fully

Staff Attendance and/or Tardiness *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fully

Staff Counseling Needs *

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fully

Please provide any other information, if any, that may be useful:

Your answer _____

Appendix E

Chi Square Assumption Three (Verma & Abdel-Salam, 2019)

Testing in Excel with All Four Variables

	T1	T2	T3	T4	TOTAL
ES	8	12	6	0	26
MS	5	3	7	3	18
HS	5	12	39	9	65
S	40	1	1	1	43
TOTAL	58	28	53	13	152

	T1	T2	T3	T4
ES	9.9	4.8	9.1	2.2
MS	6.9	3.3	6.3	1.5
HS	24.8	12.0	22.7	5.6
S	16.4	7.9	15.0	3.7

Cells with 5 or greater: 68.8%

Testing in Excel with the T4 Variable Removed

	T1	T2	T3	TOTAL
ES	8	12	6	26
MS	5	3	7	15
HS	5	12	39	56
S	40	1	1	42
TOTAL	58	28	53	139

	T1	T2	T3
ES	10.8	5.2	9.9
MS	6.3	3.0	5.7
HS	23.4	11.3	21.4
S	17.5	8.5	16.0

Cells with 5 or greater: 91.7%

Appendix F

Sample Shared Document for Virtual Service Delivery of Crisis Response

Student Last Name	Grade	Name Parent/Guardian Name (s)	Phone Number #1	Who is responding?	Person Contacting Student/Family	Follow Up Needed?	Comments:	IC Note
REDACTED	10	REDACTED	REDACTED	Crisis Team Response ▾	REDACTED	Yes ▾	voice message left on listed number	yes
REDACTED	10	REDACTED	REDACTED	Crisis Team Response ▾	REDACTED	No ▾	Spoke with parent; she will follow-up with student.	Yes
REDACTED	10	REDACTED	REDACTED	School Support Staff Respr ▾	REDACTED		Message says the person you are calling is not able to receive calls at this time	yes
REDACTED	12	REDACTED	REDACTED	Crisis Team Response ▾	REDACTED	No ▾	Spoke with parent; she will share with student	Yes
REDACTED	9	REDACTED	REDACTED	School Support Staff Respr ▾	REDACTED	Yes ▾	Spoke with mother. SSW will follow up with student next week.	Yes
REDACTED	10	REDACTED	REDACTED	Crisis Team Response ▾	REDACTED	No ▾	Mom will talk with her after classs.	Yes
REDACTED	12	REDACTED	REDACTED	Crisis Team Response ▾	REDACTED	Yes ▾	left voice message on the Grandmother's voice mail	yes
REDACTED	12	REDACTED	REDACTED	Crisis Team Response ▾	REDACTED	No ▾	Spoke to dad after calling the 2nd number. He will talk to his son. No follow up needed	yes
REDACTED	12	REDACTED	REDACTED	Crisis Team Response ▾	REDACTED	No ▾	Spoke with parent; she will share with student	Yes