

SCHOOL COUNSELORS' CONCERNS REGARDING EFFECTIVE CRISIS
INTERVENTION FOR STUDENTS OF DIVERSE BACKGROUNDS

by

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ABSTRACT

SCHOOL COUNSELORS' CONCERNS REGARDING EFFECTIVE CRISIS INTERVENTION FOR STUDENTS OF DIVERSE BACKGROUNDS

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Although school counselors routinely provide crisis intervention, minimal research has focused specifically on providing such services in a manner sensitive to multicultural and ethnically diverse students. Responses of a random national sample of school counselors ($n = 276$, 69% return rate) indicate that approximately half voice some sort of concern related to providing crisis intervention services to students from diverse backgrounds. The purpose of this study is to summarize school counselor's concerns, providing an initial understanding for this aspect of school-based crisis intervention. Additionally, school counselors' comments were further analyzed to examine possible relationships between the type of concern and the practitioners' setting (rural, urban, suburban, rural/suburban, or suburban/urban) and years of practice as a school counselor. Based on school counselor's concerns, recommendations are made to provide more effective school-based crisis intervention for individuals of diverse backgrounds.

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Note: This thesis is based on a data base of school counselors' responses from a previously conducted study.

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Introduction

School-Based Mental Health Services

Over the past several years there has been a growing trend to provide mental health services, including crisis intervention, in school settings (Adelman & Taylor, 1998; Brock, Sandoval, & Lewis, 2001; Heath & Sheen, 2005; Johnson, 2000). This trend is in line with advice offered by the U.S. Department of Health and Human Services who have instructed mental health professionals to increase the availability of their services by serving children and families “where they are” (U.S. Department of Health and Human Services, 2000).

Schools currently provide the bulk of mental health services for children and adolescents. In fact, 75% of all mental health services for children in the United States are provided in the context of public schools (Burns & Hoagwood, 2002). Providing mental health services in this setting makes sense, since children and youth under age 18 spend a large portion of their time in school. However, even though providing mental health services in a school setting sounds like an ideal situation, when several hundred or thousand children are affected by a traumatic event, large scale crisis intervention can easily overwhelm the limited resources of school-based mental health professionals (Allen & Ashbaker, 2004; Armstrong, 1991; Brock et al., 2001; Heath & Sheen, 2005).

On a daily basis, school-based mental health services must provide support for students faced with challenging personal difficulties (Adelman & Taylor, 1998; Johnson, 1998, 2000). Limited resources are available to serve the vast and varied mental health needs of students. Approximately 90,000 school counselors and 30,000 school psychologists provide counseling and support for 47 million students in the United States

(American School Counselor Association [ASCA], n.d.a; Curtis, Hunley, Walker, & Baker, 1999; National Center for Educational Statistics [NCES], 2004). These numbers translate to a nationwide ratio of approximately one school-based mental health professional for every 400 students. When that single professional is faced with a crisis affecting multiple students, he or she must be able to deal with the crisis in a quick and effective manner.

What is a School Crisis?

Although definitions of what actually constitutes a crisis vary greatly depending on the context of who, what, and where, a standard definition frequently referred to in the crisis literature is based on Caplan's conceptualization of "psychological disequilibrium" (Caplan, 1964, p. 53), set in motion when individuals are unable to escape or effectively deal with the problem at hand. Additionally, Slaikeu (1990) defined a crisis as "a temporary state of upset and disorganization, characterized chiefly by an individual's inability to cope with a particular situation using customary methods of problem solving" (p. 15).

To further refine the definition of crisis, it is important to consider the context of where the crisis occurs. A crisis in a school setting is highly influenced by the school's organized power structure as well as the overriding sense of trust and community within the school (Brock et al., 2001; Johnson, 2000; Pedersen & Carey, 2003; Pitcher & Poland, 1992). Furthermore, Johnson identifies the vulnerability of schools: School crises involve hundreds, even thousands of children, youth, and staff, exposing them to "threat, loss, and traumatic stimulus" undermining the school's existing stability, "security and

sense of power” (p. 3). In fact, a large-scale school crisis, if not quickly contained, can result in or can cause hysteria and chaos (Johnson, 2000, p. 18).

What types of crises occur in a school setting? Crises affecting the school community range from localized incidents, involving only a few individuals or a small group, to extreme situations that send rippling effects of emotional disequilibrium throughout the student body and staff. Crisis incidents include teen pregnancy; school failure and dropout; critical or life threatening illness; accidents; loss, death, and grief; aggression and violence; suicide; school shootings; gang activity; natural disasters (fires, earthquakes, storms, hurricanes, floods, and tornadoes); drug abuse; sexual and physical abuse; and medical emergencies (Allen, Burt, Bryan, Carter, Orsi, & Durkan, 2002; Brock et al., 2001; Heath & Sheen, 2005; Johnson, 2000; Pitcher & Poland, 1992). Although this list is not exclusive, these examples of potential crises provide an indication of a school’s vulnerability and the potential threat to school stability. With all of these potential threats, schools have taken steps to deal with crisis situations, including having district or school crisis teams (Allen, Burt, et al., 2002; Allen, Jerome, White, Marston, Lamb, Pope, et al., 2002).

School Counselors’ Role in Crisis Intervention

Based on a recent research study, approximately 61% of school counselors report participating as members of school crisis teams (Allen, Burt, et al., 2002). In this same study, school counselors identified the following as high priority topics for future training in crisis intervention: suicide, aggression and violence, and school district crisis plans. Even though there is some debate as to who should assist with school-based crisis intervention (Brock et al., 2001; Johnson, 2000), the American School Counselor

Association's position statement defines the school counselor's role (ASCA, 2000): "the professional school counselor's primary role is to provide direct counseling service during and after the incident" (see Appendix A; ASCA, 2000). Other professionals further define the school counselor's role: During times of crisis, school counselors serve students and staff by providing individual and group counseling; consulting and collaborating with school administrators, teachers, parents, and professionals; and coordinating supportive services both within the school and in the extended community (ASCA, 1999, 2000; King, Price, Telljohann, & Wahl, 2000; Riley & McDaniel, 2000; Smaby, Peterson, Bergmann, Zentner Bacig, & Swearingen, 1990).

Furthermore, ASCA (2000) specifies the school counselor's role during "critical incidents:"

The professional school counselor is a leader and a crucial member of a district and school critical incident response team. The development and implementation of a coordinated district and school critical incident response plan should include input from the professional school counselor. Professional school counselors are student advocates and facilitators of communication with students, staff, parents and community and assist in securing outside services when needed. (§ 2)

While it seems clear that school counselors should play an important part in dealing with the aftermath of a crisis, many of the professionals surveyed in the Allen, Burt, et al. study reported being "less than adequately prepared" to assist with crisis intervention (2002). In fact 57% indicated they were "minimally prepared" or "not at all prepared" to deal with crisis situations. Even though most school counselors assisted with

school crises, only 18% reported feeling “well prepared” or “very well prepared” to deal with these situations (Allen, Burt, et al., 2002).

Participation in School Crisis Intervention

Based on their self-report, 94% of school counselors participating in the Allen, Burt, et al. (2002) study indicated they worked in districts with school crisis plans in place. Based on a 1 (not familiar) to 5 (extremely familiar) range, school counselors reported being “very familiar” with their school’s crisis plan ($M = 3.7$, $SD = 1.1$). In fact, almost 75% of the counselors rated themselves as “familiar” or “very familiar” with the crisis plan in their school.

This same study also investigated the extent and nature of school-based crisis teams. In terms of organized crisis teams, 80% of counselors reported serving in districts with locally organized school-based crisis teams; 61% reported participating as a “member” of a crisis team; and 43% reported participating in “practice drills” (in addition to the regularly scheduled fire drills) at least once a year to familiarize school personnel with procedures involved in crisis plans (Allen, Burt, et al., 2002). As part of the crisis plan, school counselors must provide support and counseling for students in the aftermath of a crisis; including students and families from diverse backgrounds.

Multicultural Competence and Effective Crisis Intervention: Meshing Two Skills

Derald Wing Sue wrote in the foreword of *Multicultural Counseling in Schools*, “There are an increasing number of texts devoted to the topic of multicultural counseling and therapy. There are, however, a paucity of relevant publications on multicultural school counseling” (Pedersen & Carey, 2003, p. x). Indeed, human diversity is often broadly defined in nebulous terms and is difficult to translate into practical application,

particularly for educators and mental health professionals in a school setting (Locke, 2003; Pedersen, 2003a). Simply stated, the exact definition of human diversity is hard to pinpoint (Pedersen & Carey, 2003; Sue & Sue, 2003). Numerous definitions and terms for multiculturalism, culture, and human diversity focus on human differences ranging from the more visible categories of skin color, language, and socioeconomic status to the less visible, though powerful, influences of spirituality and personal belief systems (Lonborg & Bowen, 2004; Pedersen, 2003b; Richards & Bergin, 2000, 2005; Sue & Sue, 2003). In fact, Locke (2003) identified more than 150 definitions of “culture” in the literature. In order to provide effective counseling services sensitive to students of diverse backgrounds, counselors must understand what diversity is.

Defining diversity. Although some general differences among and between various groups of people are visible and easily recognized, there are also subtle individual differences which dilute the broad term of diversity to the fact that each individual is unique. In order to honor this uniqueness, counselors must consider an individual within multiple layers of diversity, ranging from the individual to the broader context of interconnectedness with society (Sue & Sue, 2003).

For the purpose of identifying a starting point from which to define diversity and, more specifically, for the purpose of this study, a brief summary is proposed. This summary is based on definitions gleaned from the recent publication, *Developing Cultural Competence in Disaster Mental Health Programs* (Athey & Moody-Williams, 2003, pp. 54-56). The following glossary, selected from this publication, defines key terms basic to understanding multicultural competence in the context of crisis intervention.

Acculturation: The process by which an individual or group adopts the identity, customs, and values of another culture.

Competence: The capacity to function effectively.

Crisis Counselor (Outreach Worker): An individual who provides crisis counseling services and ideally is from the community, cultural, or ethnic group that is to receive those services. Crisis counselors are members of, familiar to, and recognized by their own communities. They may be spouses of community leaders, natural leaders in their own right, or individuals who have a nurturing role in their communities. Crisis counselors may include retired persons, students, and community volunteers. They may or may not have formal training in counseling or related professions, and they may be paraprofessionals or professionals.

Cultural Competence: A set of values, behaviors, attitudes, and practices that enables an organization or individual to work effectively across cultures; the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services as well as of staff who are providing such services.

Culture: The shared attributes of a group of people; a common heritage or learned set of beliefs, norms, and values.

Ethnicity: The common heritage of a particular group of people; includes shared history, language, rituals, and preferences for music and foods.

Interpretation: The oral restating in one language of information that has been stated in another language (Goode et al., 2001). An interpretation should convey the tone, level, and meaning of the information on which it is based.

Linguistic Competence: The capacity of an organization or individual to communicate effectively with persons of limited English proficiency, those who are illiterate or have low literacy skills, and individuals who are deaf or hard of hearing.

Outreach: A method for delivering crisis counseling services to disaster survivors; consists primarily of direct contact with survivors in their natural environments.

Race: A category describing people according to a set of characteristics that are socially important but that are not necessarily defined by visible physical features (U.S. Department of Health and Human Services, 2001a).

Racial and Ethnic Minority Group: A collective, heterogeneous group of people who identify as African American, American Indian and Alaska Native, Asian American and Pacific Islander, or Hispanic American (U.S. Department of Health and Human Services, 2001a, p. 5).

Special Population: A targeted group in a disaster-impacted community or area with needs that require specific attention by the crisis counseling program. Special populations include children, adolescents, older adults, elderly persons, members of ethnic and cultural groups, migrant workers, disaster relief workers, migrant workers, persons who are severely mentally ill, persons with disabilities, and

homeless persons. Other special populations may be unique to the area being served by the crisis counseling program.

Translation: Written conversion of written materials from one language to another (Goode et al., 2001).

Understanding Cultural Diversity in School Settings

Although these definitions help in providing a general basis for understanding some of the issues related to providing culturally sensitive crisis intervention, transferring these concepts into a school setting adds another layer of complexity. For school counselors, understanding diversity begins with understanding how students function on several levels: on an individual basis; with their peers; and also how they function within their environment, in their family, school, community; and ultimately in the broadest sense, in the world. Considering these various levels of human diversity, the *National Strategy for Suicide Prevention* defines culture as “ the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith, or social group” (U.S. Department of Health and Human Services, 2001b, p. 197).

In relation to understanding how culture affects personal development, Sue and Sue (2003) with a diagram of three concentric circles describe a tripartite framework of personal identity. The first level, the individual level, is comprised of characteristics unique to an individual, such as genetic makeup and personal experiences. The next level, the group level, moves beyond the unique part of an individual to include shared experiences with others: “social, cultural, and political distinctions made in our society” (p. 13). The outer, universal level encompasses overriding commonalities of humanity.

Culture and the group level of personal identity are of particular interest to those working within a system, such as a school setting (Pedersen & Carey, 2003). Sue and Sue (2003) explain that an individual's perceptions are greatly influenced through socialization. Participation in cultural groups can "exert a powerful influence over us and influence our worldviews," shaping the way we perceive and interpret situations and events (Sue & Sue, 2003, p. 7). When serving groups, families, and individuals during a crisis, understanding culture and group identity has powerful implications for responding sensitively and effectively (ASCA, 2004; Pedersen & Carey, 2003).

Effective crisis intervention for students and families from diverse backgrounds.

Recognizing the importance ASCA leadership places on developing and practicing multicultural competencies (see Appendix B; ASCA, 2000, 2004; Pedersen & Carey, 2003), the next step is to place this set of skills in the context of providing effective school-based crisis intervention. Although no one would argue the importance of factoring these skills into the equation when planning and providing effective and appropriate crisis intervention, very few guidelines are given specifically for cultural sensitivity in school-based crisis intervention.

In general, ASCA's position statement on cultural diversity (see Appendix B) states that school counselors "strive to remove barriers that impede student success" and that school counselors "have the responsibility of working to ensure that all students' needs are met" (ASCA, 2004). ASCA emphasizes that a school counselor "promotes the understanding and appreciation of cultural diversity and provides cross/multicultural counseling to facilitate human development." Awareness of and sensitivity to diversity influences how school counselors perceive, identify, and respond to student difficulties.

As mentioned earlier, ASCA states that during critical incidents, counselors are crucial member of school and district crisis teams, who advocate for students and assist in securing outside services when needed (ASCA, 2000).

Blending these two categories of competency (multicultural competencies and effective response to crisis intervention), is not specifically described in the ASCA position statements, however it deserves attention as the U.S. population is becoming, “rapidly more ethnically and culturally diverse” (Athey & Moody-Williams, 2003, p. 1). In its guide, *Developing Cultural Competence in Disaster Mental Health Programs*, the U.S. Department of Health and Human Services states that those who assist with crisis intervention, including counselors, must be able to do the following in order to better serve the changing population of the United States during disasters and crises:

To respond effectively to the mental health needs of all disaster survivors, crisis counseling programs must be sensitive to the unique experiences, beliefs, norms, values, traditions, customs, and language of each individual, regardless of his or her racial, ethnic, or cultural background. Disaster mental health services must be provided in a manner that recognizes, respects, and builds on the strengths and resources of survivors and their communities. (Athey & Moody-Williams, 2003, p. 1)

The same careful consideration of an individual’s background should take place when assisting in crisis situations in the school setting. To demonstrate the significant challenge of providing crisis intervention to a culturally, ethnically, and linguistically diverse school, the following incident is reviewed.

Stockton school yard shooting. The tragic Cleveland Elementary schoolyard shooting on January 17, 1989 in Stockton, California heightened concern for children’s

safety and wellbeing during and following a school crisis (Armstrong, 1991; Brock, 2002; Cox & Grieve, 1989). In particular, this incident demonstrated how a lack of culturally sensitive services greatly increased chaos and confusion. During morning recess, a man carrying a semi-automatic AK-47 rifle randomly fired shots across the school's playground. Five students were killed. A teacher and 29 students were wounded.

This elementary school served approximately 970 students; 70% were of Southeast Asian descent (Armstrong, 1991); and most of the parents did not speak English.

Armstrong, the school psychologist assigned to Cleveland Elementary, described the ensuing chaos: Frightened parents, the majority non-English speaking, rushed onto the school-grounds in an attempt to locate their children. The language barrier made communication with parents and children next to impossible. Panic escalated as parents and school officials realized the extent of the disaster. Amidst the heightened emotions, screaming, and confusion, police and emergency medical crews transported unidentified wounded children to the hospital. This panic continued for several hours. Administrators, teachers, and parents were uncertain which children were safe, missing, injured, or dead. Although mental health professionals were called in to assist, these professionals were English speaking, a mismatch to the needs of the traumatized school population and community. This tragic incident demonstrated the challenge of providing emergency mental health services to a diverse student body and their parents.

The school however quickly learned from this experience. In the days and weeks following the shooting, many students and their parents resisted returning to school. Based on their belief and traditions, many were fearful of ghosts and evil spirits. After much consultation with parents and community members, a Buddhist Monk was invited

to come and perform two exorcisms to rid the school of evil spirits and ghosts. These special ceremonies were performed after school with bussing provided for those in need of transportation. Since, as mentioned above, the majority of students were of Southeast Asian decent, they believed the Monk could make the school a safe environment. Although a variety of other services were offered, this was the service the community desired. This example demonstrates the effectiveness of a culturally appropriate intervention, though not a typical intervention provided by mental health professionals.

Additionally, Romualdi and Sandoval (1995) provide the following information:

“. . . communities most in need of services often include a high concentration of ethnically and culturally diverse students and families. Service provision, as a result, must be culturally appropriate and reflect growing population trends” (p. 309).

Recognizing the challenges of providing effective crisis intervention to those from diverse backgrounds, James and Gilliland state that “. . . although crisis intervention is never easy, cultural insensitivity may make it even more difficult” (2001, p. 26).

Following this trend of advice, current books on crisis intervention contain information regarding sensitivity to cultural considerations (Brock, Lazarus, & Jimerson, 2002; Heath & Sheen, 2005; James & Gilliland, 2005; Rabalais, Ruggiero, & Scotti, 2002; Sandoval & Lewis, 2002; Young, 1998). However, the practical application of this knowledge lags behind what is currently proposed: Sensitivity, understanding, and knowing how to meet the needs of individuals and families from diverse backgrounds continue to challenge mental health professionals (Pedersen, 1987, 1994; 2003; Sue & Sue, 1999, 2003). Applying these skills becomes even more difficult as schools become increasingly diverse.

Current School Demographics

Ethnic diversity. The changing demographics across the United States are reflected in the makeup of American schools, increasing the need for cultural sensitivity in school-based mental health services. During the 2000-2001 school year, approximately 40% of the 47 million students enrolled in U.S. public schools were students of color: 17% Black, 16% Hispanic; 4% Asian/Pacific Islander; and 1% American Indian/Alaska Native (National Center for Educational Statistics [NCES], 2002). However, these demographics are not evenly distributed across geographic areas. Currently six states (California, Hawaii, Louisiana, Mississippi, New Mexico, and Texas) and numerous urban areas report students of color outnumber Caucasian students (NCES. 2002).

In contrast to increasing student diversity, almost 85% of teachers are Caucasian (U.S. Census Bureau, 2002). Even more discrepancy exists between student diversity and the diversity of school-based mental health professionals (Curtis, et al., 1999; Curtis, Grier, Abshier, Sutton, & Hunley, 2002). Almost 95% of school psychologists are Caucasian and fewer than 10% speak a language other than English (Curtis et al., 2002). Although ASCA does not publish the demographics of school counselors nationwide, research publications indicate that statistics for the ethnicity of school counselors are similar to those of both teachers and school psychologists, with the majority of counselors being Caucasian and predominantly English speaking (Mathai, 2002).

Linguistic diversity. In addition to having increasingly ethnically diverse student populations, schools are also faced with meeting the needs of linguistically diverse students. Almost 9 million students, 17% of the U.S. student population, speak a language other than English in the home (U.S. Census Bureau, 2001). Two states in

particular, California and Texas have a particularly high proportion of non-English speaking families. In fact, based on the 2000-2001 census data, over 1½ million students in California, 25% of that state's student population, speak a language other than English in the home (U.S. Census Bureau, 2001).

Providing mental health services to students and families speaking a language other than English is increasingly complicated by the growing variety of languages. Some urban school districts, such as those in Chicago, have the challenge of communicating with students and families representing approximately 200 languages (Bracken & McCallum, 1998; Pasko, 1994). Bracken and McCallum also provide other examples of urban school districts with students representing more than 50 languages: Palm Beach, Florida; Tempe, Arizona; Plano, Texas; Des Plaines, Illinois; and Knoxville, Tennessee. In these districts, one can imagine the difficulties that arise when translating school information, finding translators for assisting with basic communication, and assisting with mental health needs, particularly during a crisis when translators are urgently needed at a moment's notice.

An example of the importance of providing crisis intervention services in the student and family's native tongue is provided by Weiss and Parish (1989). They found that language issues, the ability to understand and be understood, were key to providing support to traumatized Indochinese refugees struggling to adapt to the American culture. Even minimal language skills, on the part of the counselor *or* the refugee, were found to greatly increase the effectiveness of intervention and the potential for refugees to adapt to their new environment.

Matching Services to Multicultural Needs

In the area of special education services, professionals have wrestled with the issue of multicultural sensitivity. This is due primarily to the longstanding issue of the over-identification of minority students for special education services (Artiles & Trent, 1994; Chinn & Hughes, 1987). In direct response to legal mandates surrounding this issue, schools now provide assessments that take into account language differences and other aspects of diversity that may impact student performance (Ochoa, Powell, & Robles-Pina, 1996; Ochoa, Rivera, & Ford, 1997; Ochoa, Rivera, & Powell, 1997). Additionally, greater care is taken in developing assessment techniques and instruments that are sensitive to student diversity (Bracken & McCallum, 1998).

Expanding cultural sensitivity beyond the narrow confines of assessment, school-based mental health professionals must consider other areas of service provision, including crisis intervention. In providing counseling services to students and families in crisis, cultural sensitivity to both individual and group differences is particularly important (Capuzzi & Gross, 2004; Perderson & Carey, 2003; Sandoval & Lewis, 2002; Sieckert, 1999; Young, 1998). Recognizing and tailoring crisis intervention to fit the needs of student diversity will positively impact the quality of services provided in the school and community (Athey & Moody-Williams, 2003; Sandoval & Lewis, 2002; Sieckert, 1999; Young, 1998).

Crisis Intervention in Rural, Suburban and Urban Settings

Another often overlooked factor in providing effective crisis intervention is highlighted by disparities between the setting within which the school operates and the nature of the community. It would be simplistic to assume that concerns are universal across different community settings, such as rural, urban, or suburban contexts. However,

little attention has been given to how particular concerns for school psychologists in one community setting may not transfer to another, yet similar interventions are imposed on them nonetheless. In sum, what works for one setting may not work for other settings. These differences must be recognized for best practice crisis intervention.

For example, five years after the Columbine High School shootings, Crepeau-Hobson, Filaccio, and Gottfried (2005) investigated changes in crisis intervention, more specifically in the provision of mental health services and strategies for violence prevention in Colorado high schools. Based on input from school counselors, school psychologists, social workers, administrators, and other staff, they detected a significant increase in percentage of schools with crisis plans and crisis teams. Additionally, they found an increase in provision of school-based mental health services, particularly group counseling. Other changes included an increase in school security guidelines and protocols. The greatest changes were noted in larger school districts located in urban and suburban areas.

Mink, Moore, Johnson, Probst, and Martin (2005) found the prevalence rates of violence and drug related problems in urban, suburban, and rural schools to be similar in almost every area of investigation. In fact, in comparison to urban and suburban schools, rural schools were more likely to have students fighting; carrying weapons; smoking; abusing illicit drugs (particularly “crystal meth” and steroids); and contemplating, attempting, and completing suicide. Other differences noted between rural, suburban, and urban schools included increased use of punitive punishment in rural schools and less access to medical doctors and mental health care professionals in school and community settings. Additionally, urban schools were more likely to utilize surveillance cameras and

security police officers. Inservice training was more likely to be provided to Urban and Suburban school district personnel.

Practitioner's Experience Influencing Effectiveness

In addition to noting the community setting in which a particular counselor must operate, another salient variable in crisis intervention effectiveness that has been studied is the professional's years of experience. Although one might intuitively identify experience and training as two important components of counselor effectiveness, some research does not support the link between amount of training and level of skill in applied settings. Williamson (2000) found that the ability of therapists to effectively intervene in situations involving domestic violence was not positively correlated with the level of training (master's versus doctoral degree). However, therapists' ability to effectively intervene was related to the following factors: individual reading on relevant topics, attending seminars and training outside of formal schooling, and focusing service to this particular specialty (domestic violence).

Statement of Problem

Incongruities between the service provider and the recipient are often intensified during times of crisis (Armstrong, 1991; Pedersen, 2003b). Those who may need help the most are often the least likely to seek help (Romualdi & Sandoval, 1995). Polling a random sample of school counselors regarding their concerns in providing crisis intervention to students from diverse backgrounds will initiate a more informed discussion and provide a starting point for future studies. Salient variables such as the setting in which crisis interventions are applied and years of experience are often overlooked and will be scrutinized and discussed in this study. This discussion will

provide a basis for sensitizing and tailoring school-based crisis intervention to more effectively meet the needs of students and families from diverse backgrounds, ultimately leading to more effective interventions in meeting student and family needs.

Purpose of Current Study

This study is based on the need to align school-based crisis intervention and emergency preparedness with multicultural sensitivity, providing a contextual intervention strategy based on the school's particular settings. A national sample of school counselors was surveyed regarding their concerns when providing crisis intervention to students from diverse backgrounds. Because this study investigates perceptions of school counselors, information from this study will give an indication of current needs and concerns as well as demographic trends pertaining to multicultural crisis intervention, thereby providing initial direction for improving school-based crisis intervention. More specifically, this initial investigation will assist in building a foundation for strengthening service provision to students and families from diverse backgrounds.

To date, only two published surveys have investigated the school counselor's role in providing general crisis intervention (Allen et al., 2002; Mathai, 2002). In both of these studies, practitioners reported inadequate preparation for this role. Even though school counselors may have only limited preparation to assist with crisis intervention, they interact regularly with youth and families from diverse backgrounds affected by traumatic events. Currently, limited information exists to inform school-based practitioners about providing crisis intervention to students and families from diverse backgrounds.

In addition to making information on the provision of crisis intervention services available to counselors, it is also important to provide school-based practitioners the opportunity to voice their concerns. Practitioners' insight and feedback will provide a basis for strategically strengthening crisis intervention contextually and improving mental health services for schools and communities (be they rural, suburban, urban, rural/suburban, or suburban/urban), including diverse populations. Their feedback will assist in developing practical guidelines for improving crisis intervention, increasing the effectiveness and utility of these services.

Research Questions

- (1) In providing school-based crisis intervention, what are the major areas of concern when serving students and families of diverse background?
- (2) What, if any, are the relationships between years of practice and school counselors' major areas of concern when providing crisis intervention to students and families of diverse background?
- (3) Is the practitioner's school setting (rural, urban, or suburban) related to his or her stated concerns when providing crisis intervention to students and families of diverse background?

Method

Participants

Upon request, the American School Counselor Association (ASCA) provided 400 randomly selected names, e-mail addresses, work phone numbers, and home addresses of current ASCA members. Of the 400 potential participants, 276 participants completed surveys (69% return rate) and 236 (59% of 400) surveys were considered valid for data analysis. Surveys were excluded if the participant reported never working as a school counselor.

Respondents reported practicing as school counselors for an average (arithmetic mean) of 6.25 years ($SD = 6.22$ years). Female participants accounted for 85% of the sample, males 15%. Almost half, 53%, of the school counselors reported graduating after 1995. With regard to their level of education, counselors reported the following information: approximately 3% were temporarily certified; 88% completed a master's degree; 5% completed a specialist degree or a master's degree plus 30 additional graduate school hours; and 3% completed a doctoral degree.

Participants reported working in school districts located in 35 states in the United States and three foreign countries. Thirty-two percent of counselors worked in southern states; 28% in the northeastern portion of the United States, 20% in north-central states, 19% in western states, and 1% outside the United States.

Questionnaire

A preliminary version of the questionnaire was refined based on the feedback from participants in a pilot study ($N = 47$, including 16 graduate students enrolled in a school crisis intervention class and 31 school-based mental health professionals). The

refined questionnaire was also used in a parallel study conducted with school psychologists ($N = 276$) (Allen, Jerome, White, et al., 2001). The majority of participants in the pilot study indicated a willingness to participate if the questionnaire could be completed in 10 minutes or less. Therefore, in order to increase the likelihood of participation, the questionnaire was designed to be completed in 10 minutes.

In the current study, using the refined questionnaire, participants were asked questions related to demographic information: gender, year of graduation from a counselor education program, years of experience as a school counselor, level of academic preparation, number of students in the school district, student to school counselor ratio, ethnic composition of students served, and type of community (rural, suburban, or urban). In addition to the questions related to demographics, 16 questions solicited information related to the four categories of research questions: university, continuing professional development, participation in school crisis intervention, and recommendations for counselor education programs. The questionnaire is included in Appendix C. Additionally one open-ended question was posed: “What issues in the area of crisis intervention most concern you when working with students of diverse backgrounds?”

The response set, a list of crisis topics for questions 5 and 16 in the questionnaire was based on a 15-year review of crisis intervention topics presented at national convention programs of the American School Counselor Association, the National Association of School Psychologists, and the American Counseling Association (Allen, White, Burt, Pope, Sanchez, Rawlins, et al., 2001). Additional support for these topics

was also evidenced by information gathered from a 31-year review of journal publications related to school crisis topics (Allen, Marston, & Lamb, 2001).

After completing the questionnaire, participants were encouraged to elaborate on their experiences with crisis intervention. This provided school counselors an opportunity to clarify responses and to offer additional information not previously solicited.

Procedure

Two university professors, four graduate students in counseling psychology programs, and two undergraduate research assistants attempted to contact each of the 400 randomly selected ASCA members by phone. All participating school counselors responded to the same scripted questionnaire. Participants were given three options for completing the questionnaire: (a) phone interview format; (b) written format, a questionnaire mailed and returned by regular mail; or (c) written format, a questionnaire sent and returned by e-mail. These options were offered to increase the likelihood of participation and to accommodate school counselors' busy schedules.

Approximately 40% of the interviews were completed via a phone interview, 55% by regular mail, and 5% by e-mail. Although interviewers attempted to initially contact all school counselors by phone, those who could not be reached at their work number were contacted by mail. Six weeks after the initial mailing, a follow-up letter with an enclosed questionnaire was sent to each counselor who did not respond after the initial mailing.

Data Collection

One undergraduate research assistant and 16 graduate student volunteers assisted with data collection. The research assistants made an average of two to three attempts to

contact each of the 400 school counselors by phone. Research assistants were directed to follow the scripted questionnaire. The script briefly described the study, indicated the approximate time required to complete the questionnaire, and informed the participants of confidentiality issues and the voluntary nature of their participation. A faculty name and phone number were provided in case the participant had additional questions or concerns regarding the research.

Coding

Two individuals--the primary author of this paper, and a secondary author--independently developed categories based on themes and recurring topics. After discussing these initial themes and topics, 13 categories were identified and clearly defined. The comments were coded on the following variables: (a) blank - no response written in or reported; (b) not applicable, or not involved with crisis intervention; (c) “no difference,” “treat all the same,” “no needs;” (d) crisis needs related to student diversity are met or needs are being adequately cared for, so there were no concerns; (e) multicultural needs accounted for, services in place to care for needs; (f) relationship issues, building rapport and trust; (g) difficulties with communication/language issues; (h) concerns regarding specific events or crisis topics; (i) coping issues; (j) school personnel/staff issues, issues related to school crisis plans and school team, and crisis issues related to teacher and school personnel; (k) crisis prevention issues; (l) neighborhood, community, home, and family issues; and (m) miscellaneous. Each comment was coded in at least one category. When the content of a statement included more than one category, the other appropriate categories were also coded.

After coding the comments independently, inter-rater reliability was established utilizing Cohen's Kappa statistic. On each category, the two coders' data were paired, making a set of inter-rater reliability statistics. An inter-rater reliability coefficient was established for each category.

Inter-rater reliability. As shown in Table 1, Inter-rater reliability coefficients ranged from .717 in the "relationship issues" category to 1.00 in the "blank/no comment;" "not applicable, not involved;" "needs met, taking care of needs;" and "miscellaneous issues" categories. Upon discussing the inter-rater reliability, it was decided that discrepancies were related to the interpretation of comments. An example would be a response indicating a counselor had no specific concerns, yet the counselor continued after that comment with an additional comment indicating concerns about language issues when communicating with those in crisis. One coder listed "no concern" and the other coder listed "difficulties with communication/language issues." When such discrepancies were noted, they were handled through a discussion between the two raters who then came to a consensus.

Crisis Topics. Because concerns regarding specific events or crisis topics (item "h" above) covered a broad range of crisis topics, data were analyzed with a word search, yielding a count of specific crisis topics. This count provided a breakdown of specific crises most relevant to school counselors. Table 2 provides a list of specific crisis intervention topics mentioned in the school counselors' comments regarding their concerns in providing crisis intervention to students from diverse backgrounds.

Table 1

Inter-rater Reliability

<u>Coding Category</u>	<u>Correlation</u>
Blank/No Comment	1.000
Not Applicable, Not Involved	1.000
No differences/No issues	0.921
Needs Met, Taking Care of Needs	1.000
Cultural Issues	0.896
Relationship Issues	0.717
Communication/Language Issues	0.831
Issues Related to Specific Crises	0.865
Coping Issues	0.926
School Staff/School Climate Issues	0.735
Prevention Issues	0.794
Community/Home Related Issues	0.804
<u>Miscellaneous Issues</u>	<u>1.000</u>

Table 2

School Counselor's Comments: Specific Crisis Topics

<u>Crisis Topic</u>	<u>n^a</u>
Violence	23
Suicide	19
Death	11
Drugs	10
Abuse	6
Anger/Conflict Resolution	6
Guns/Weapons	5
Grief	5
Depression	5
Bullying	2
Gangs	2
Drop Out	2
Illness	2
Eating Disorders	2
Pregnancy/Sex Education	2
Self Mutilation	1
Divorce	1
<u>Intruder</u>	<u>1</u>

Note. $n = 48$; Out of the 153 participants who made comments, 48 participants commented on specific crisis topics.

Analysis

The first question of this study sought to discover what concerns practicing school counselors had regarding providing school based crisis interventions to students and families of diverse backgrounds. The comments of the valid responses ($n = 236$) were coded by category.

The second question of this study sought to investigate the relationship between the counselors' years of practice and stated concerns. Years of practice were divided into two groups: those who have worked for zero to five years of practice ($n = 145$); and those who have worked for six or more years ($n = 90$). One counselor did not report years of practice. The division was made at five years so as to determine if those who are relatively new to the field have concerns that differ from those who have been in practice for some time. In order to determine if any relationship existed, a chi-square test of independence was run on each individual variable.

The final question of this study sought to investigate the relationships between the practitioner's school setting and stated concerns (with the presumption that the urban schools will have a greater level of diversity). School setting was divided into the six reported categories: rural ($n = 54$); suburban ($n = 57$); urban ($n = 54$); rural/suburban ($n = 26$); suburban/urban ($n = 27$); and rural/suburban/urban ($n = 9$). Nine counselors did not report their school setting. Again, a chi-square test of independence was run on each variable.

Results

Question 1: In Providing School-based Crisis Intervention, What Are Major Areas of Concern When Serving Students and Families of Diverse Backgrounds

No concerns. The first question explored what types of concerns school counselors had related to providing crisis intervention services to diverse students and families. The results indicate that just under half of the counselors surveyed either provided no comment or reported no concerns when providing crisis interventions to diverse students and families ($n = 109$, 45.1%). Four categories were developed to more clearly define the rationale for the comments. Of the valid sample, 89 individuals (36.8%) left the question blank or had no comment. One counselor (0.4%) comment fit in the category of “not applicable or not involved in crisis at the time of the study. Fifteen individuals (6.2%) wrote in comments such as “no differences,” “no issues,” and “we don’t have enough diversity to comment.” One counselor commented that he or she had no concerns because, “most of today’s major school tragedies (shootings) are happening in communities where there is no diverse backgrounds, I think we need to focus on that rising dilemma.” The remaining 4 individuals (1.7%) stated that they had no concerns because they or their crisis teams were already sensitive to the needs of diverse students and were addressing those needs when appropriate.

The remaining school counselors stated some sort of concerns and, on occasion, more than one category of concern. Table 3 lists the categories of responses with the number and percentage of counselors responding to each.

Table 3

School Counselors' Comments by Coding Category

<u>Category</u>	<u>n</u>	<u>%</u>
Blank/No Comment	89	36.8
Not Applicable, Not Involved	1	0.4
No differences/No issues	15	6.2
Needs Met, Taking Care of Needs	4	1.7
Cultural Issues	53	21.9
Relationship Issues	17	7.0
Communication/Language Issues	28	11.6
Issues Related to Specific Crises	53	21.9
Coping Issues	16	6.6
School Staff/School Climate Issues	18	7.4
Prevention Issues	6	2.5
Community/Home Related Issues	9	3.7
<u>Miscellaneous Issues</u>	<u>42</u>	<u>17.4</u>

Note. N= 236

Cultural issues. The topic of cultural issues was one of the two most frequently reported concerns. Approximately 22% of respondents directly commented on cultural issues. The main theme was to be able to understand students' culture and background. Other counselors stated that they felt unprepared to handle and relate to other cultures in order to provide the best assistance. In particular, one counselor related concerns regarding saying or doing something that might be potentially damaging rather than

helpful. Another counselor summed cultural concerns quite nicely: “Understanding their worldview, in hopes of helping them to deal with the situation that fits their beliefs and their family’s beliefs. Helping the students to realize that although we are different in culture there can be an understanding and a basis for hope.”

Relationship issues. Responses in this category generally referred to some aspect of culture that may impede the rapport between the counselor and students and their families. Counselors explained that rapport was sometimes difficult to establish because of differing attitudes and beliefs such as, “will the student speak with someone outside family,” and have a “tolerance” for other viewpoints. One poignant comment highlighted a counselor’s concern regarding the willingness to involve counselors in the following: “Cultural differences play a key role in defining procedure in dealing with certain families. When students are in crisis, there tends to be a banding together and/or a sense of dividedness, depending on the incident and the individuals involved.”

Communication/language issues. Communication and Language issues were the third largest category, 11.6% of respondents stating that this was a concern. Language barriers were seen as an immediately identifiable barrier that needed to be addressed when working with diverse students and families. Another common concern in this area was communication even when all involved spoke English. Identifying the best means of communicating was a challenge at times as well as how to communicate with the family, such as knowing how to “relay importance of crisis to student’s family” and how to avoid “cultural misinterpretation.”

Issues related to specific crises. Comments related to specific crisis topics mainly centered on incidents that are common in student populations and how to collaborate with

parents in the wake of death or divorce. As mentioned earlier, Table 2 contains a list of the specific topics of crisis intervention mentioned in the school counselors' comments regarding their concerns in providing crisis intervention to students from diverse backgrounds. Out of the 153 school counselors who listed a concern, 48 mentioned specific incidents of crisis. Several participants mentioned more than one type of specific crisis incident so the sum of numbers in the table exceeds 48. The largest number of counselors mentioned the topics of violence, suicide, and death. Similarly, these same topics were the key topics suggested by counselors in the Allen, Burk, et al. (2002) study as "high priority crisis topics" to be emphasized in counselor education programs.

Coping issues. Approximately 11 percent of the sample indicated concerns about personal or family coping styles. Most of the comments focused on how to respect others' beliefs about death, grief and loss in terms of each student's unique cultural and religious values. One counselor indicated that in the relatively tight knit community of their school, several members of the community had been killed and, "grief work" was a major issue. In particular, finding appropriate support services that aligned with their existing ways of coping with death and loss.

School staff/school climate issues. The majority of responses in this category related to school crisis teams and training on how to handle crisis situations. Counselors indicated that although crisis plans were in place, there were school level barriers which prohibited their effectiveness such as "having enough personnel to carry out the plans." Another counselor was very specific, stating, "I think principals, teachers, and superintendents should have training in crisis intervention and see the necessity for being proactive and having a plan and "drilling" the scenarios. One counselor expressed

frustration because “too many [administrators] see it as a waste of time and effort--I however don’t).”

The other theme related more specifically to school climate issues. Participants concerns included the school being a safe environment; students feeling out of place; and conflict between students escalating to the point that other students felt vulnerable.

Prevention Issues. This category was not well represented; however the few comments gleaned were quite succinct. One counselor stated that “focus on prevention-provide education/information” could help to build stronger student to student support, while another stated that “teaching students to pick up on a possible crisis, the warning signs” could help to prevent crises from even occurring.

In a more positive light, one counselor stated that his or her school was “proactive not reactive. It is not a crisis situation we do more of a preventive approach,” in which the school involved both the student and the family in reaching solutions to a potential problem.

Community/home related issues. This category was the second highest with 17.4% of participants indicating concerns. Themes in this category varied from the potential barriers counselors run into with families and communities (i.e. not wanting to deal with a perceived outsider) to the strengths of involving trusted community members in crisis interventions. Also highlighted was the continued need to be sensitive to the family’s perception and views of the crisis and what interventions they feel necessary at the time.

Miscellaneous issues. Almost four percent of the comments did not fit into the other categories. Examples of such responses indicated concerns about resource such as money, computers, time, or the use of medication.

There were two additional comments in this category that warrant mention. The first includes a counselor who was concerned over “lack of supervision.” It is impossible at this point to know whether the respondent meant supervision of students, or of counselors, but either one is important. Whether it is supervising students to keep them safe or foster positive interactions or supervising the counselor to ensure proper practices, all have possible positive or negative implications to multicultural interactions. One counselor emphatically stated “that it has become common to focus on the diversity more than the crisis!” This study is not the appropriate format in which to place a value judgment on such a comment. It does however raise the point that while some counselors view multicultural crisis response as a single entity, others view the two as separate categories.

Question 2: Relationship between Years of Practice and School Counselors' Major Area of Concerns

Data pertaining to this question were analyzed using SPSS. A separate analysis was run for each variable in order to determine if there was a relationship between responses and years of practice. Table 4 provides a summary of the results of these analyses. The only category which demonstrated a relationship was School Staff/School Climate Issues ($\chi^2 (1) = 6.639, p = .021$). As shown in Table 4, school counselors who had worked for six or more years were more likely to report concerns in the area of school Staff/School Climate issues than those who had worked for five years or fewer.

Table 4

Chi-Square Analysis of Years of Practice and Coding Categories

Category	Coded	Not Coded	df	<i>n</i>	χ^2
Blank/No Comment	89	146	1	235	0.650
Not Applicable, Not Involved	1	234	1	235	0.623
No differences/No issues	14	221	1	235	0.131
Needs Met, Taking Care of Needs	4	231	1	235	0.305
Cultural Issues	52	183	1	235	0.888
Relationship Issues	15	220	1	235	0.917
Communication/Language Issues	27	208	1	235	0.077
Issues Related to Specific Crises	50	185	1	235	0.496
Coping Issues	16	219	1	235	0.995
School Staff/School Climate Issues	18	217	1	235	6.639
Prevention Issues	6	229	1	235	0.357
Community/Home Related Issues	39	196	1	235	3.170
Miscellaneous Issues	7	228	1	235	0.063

Question 3: Relationship between Practitioner's School Setting (Rural, Urban, Suburban) and School Counselors Major Area of Concern

Data pertaining to this question were analyzed using SPSS. A separate analysis was run for each variable in order to determine if there was a relationship between types of crisis concerns and types of settings, including rural ($n = 54$); suburban ($n = 57$); urban

($n = 54$); rural/suburban ($n = 26$); suburban/urban ($n = 27$); and rural/suburban/urban ($n = 9$). There were no significant differences, indicating that counselors, regardless of their school setting, voiced similar concerns regarding specific types of crises.

Discussion

Implications

The results of this study demonstrated that there do not appear to significant relationships or correspondence between years of service or professional setting and reported concerns of school counselors regarding providing crisis intervention services to students of diverse backgrounds. The sole exception was that when including all participants (including those who did not provide a response) counselors who have worked more than 5 years were more likely to report school staff/school climate issues. As there is not a clear trend, the best recommendation that can be made for the future training of school counselors regarding crisis interventions with diverse students would be to conduct a needs assessment on the school district or organizational level.

Needs assessments have been shown to be effective ways of addressing concerns in other areas of counseling and could be for this area as well. Since many of the counselors who participated in the study indicated specific crisis areas of concern (see Table 1), these concerns would provide a basis for a needs assessment. As described by Jimerson, Brock, and Pletcher (2005) and Capewell (2001), crisis intervention must *site-specific*, sensitive to the context of the tragedy. It is important to acknowledge that mental health professionals are responding to more than the actual event. Tragedies become personal, immediately congealing with the setting, of which culture plays a significant part. Based on the unique characteristics of the individual, family, and community, those who

intervene must tailor their support to fit the personal terrain of individual and communities. Future research initiatives may want to focus on comparing crisis intervention in rural vs. urban settings, with the intent of advocating a tailor-made intervention program suited to best help a school in crisis given the particular context in which it is found.

Additionally, as previously indicated, school counselors from rural, suburban, and urban school districts have similar concerns in regard to crisis intervention for students and families of diverse background. This finding was in line with the Mink et al. (2005) summary of research regarding rural school districts. Rural school districts, although serving fewer students, have similar issues and concerns in regard to crisis intervention. However, as reported by Mink et al., these rural districts do not have the community resources to provide additional support to schools. Mink et al. state that in general, rural districts are faced with limited resources and options for supportive mental health and medical services. Furthermore, rural school mental health professionals and staff are not as well trained in crisis prevention and intervention because they lack professional training opportunities (Mink et al., 2005).

Bottom-line, all schools, particularly rural schools, would benefit from cost-effective resources and training to fortify knowledge, training, and skills for serving students and families from diverse backgrounds during a crisis. Online training may be a substitute for the more costly option of hiring professionals to conduct training in school districts.

Limitations

As with any research, there are limitations to this study. One of the major limitations is the high number of responses indicating “no response” or “no concerns.” More specifically, almost half of the school counselors in this study made no response or indicated they had no concerns in regard to providing crisis intervention to students and families from diverse backgrounds. Because this was only a response to one question, there is no way to determine why so many counselors’ responses fell into this category.

It is possible that many of the counselors felt they were competent in the area of crisis intervention and that they were able to provide effective interventions for all students, regardless of the student’s background. It is also possible that counselors were of the opinion that crisis response should be handled on an individual level, respecting individual uniqueness. One counselor responded to the survey saying that he or she makes sure to take individual differences into account whenever dealing with a crisis situation. Another stated that he or she did not discern major differences and had a good rapport with all students, treating each student with the same concern without focusing on the student’s diverse background. Such responses indicate that many of the counselors surveyed are following the recommendation that counselors should be, “sensitive to the unique experiences, beliefs, norms, values, traditions, customs, and language of each individual, regardless of his or her racial, ethnic, or cultural background” (U.S. Department of Health and Human Services, 2003).

In light of these conjectures, one can infer that since the counselors who reported no concerns did so for a wide variety of reasons, those who left this particular research question blank likely did so for multiple reasons as well. One reason may have been the

counselor's limited time to complete the questionnaire, making it more likely to respond to quick response sets of multiple choice or yes/no.

Another limitation of the questionnaire that must be considered has to do with the classification of practitioner setting (rural, suburban, and urban) used as a basis for the third research question. Each counselor made their own judgment as to whether their school was in a rural, suburban, or urban area. No classification criteria were specified. It is possible that counselors may have different interpretations as to what is considered a rural, urban or suburban setting. Subsequently, this was not a well defined variable and there may be overlap in these categories, muddying the results.

Finally, the wording of the question from which this research data was obtained was biased. "*What issues in the area of crisis intervention most concern you when working with students of diverse backgrounds?*" basically assumes that counselors should have concerns in this area. Also, because the question was open ended, analyzing the results in an objective quantitative manner was difficult. The information provided was qualitative in nature, leaving the author to make judgments and assumptions.

Future Research

The findings of this study open the door for subsequent search, which could in turn lead to more effective crisis response interventions for diverse student populations. First the coded categories as well as the frequently mentioned crisis topics provide a framework for future quantitative studies in this area; such as examining diverse students responses to particular crisis interventions after a specific crisis (i.e. a death at the school). Studies of this nature could provide practicing school counselors with data as to what interventions may be most appropriate.

Secondly, since school counselors who have been practicing longer, tended to have more concerns relating to School Staff/School Climate issues, future research could examine possible causal factors. School crisis plans may be examined to determine how well they address the needs of multicultural students. Surveys might include the following questions: Are suggested interventions given for diverse students, or are counselors given one plan of action to use for the entire student body? Do counselors have the freedom and support of the school to implement interventions that are tailored to the unique individual, possibly not from a typical repertoire specified in the crisis plan?

Finally, it would behoove future researchers to involve parents and students in future studies. Since interventions are geared to assist students and their families, who better to report as to whether or not they felt the interventions were effective and appropriate. Using data provided by counselors, teachers, students and their families, will provide counselors with a more comprehensive picture of what is and what is not appropriate crisis intervention. This data could then be used to create the most effective crisis response possible.

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Appendix A

ASCA Position Statement: The Professional School Counselor and Critical Incident Response in the Schools (Adopted 2000)

Retrieved September 18, 2005, from
<http://www.schoolcounselor.org/content.asp?contentid=202>

American School Counselor Association (ASCA) Position

The professional school counselor is a pivotal member of a school district's critical incident response team. The professional school counselor is a leader in the successful implementation of a response plan during any school-related incidents and serves primarily as an advocate for students' safety and well-being.

The Rationale

ASCA promotes and supports a safe, violence-free learning environment in the schools. Professional school counselors are critical to the following emergency prevention/preparedness response activities: direct student counseling services, student suicide prevention, drug and alcohol interventions, student safety advocacy, parent education programs, and response team planning and drill practices. It is imperative that school districts develop district-level and building-level emergency preparedness and response plans. Accurate and immediate implementation of a critical incident response plan can significantly protect and ensure students' safety during a critical event and mitigate the long-term effects following the event. Professional school counselors screen students for unhealthy or unsafe coping responses to current or past tragedies and make appropriate referrals. Professional school counselors provide critical incident stress debriefing.

The Professional School Counselor's Role

Professional school counselors support and actively engage themselves in critical incident response in the schools. The professional school counselor is a leader and an integral part of the prevention, intervention and post-incident support of school critical incident responses in both the planning and implementation. As a member of the district and school critical incident response team, the professional school counselor is familiar with the school community, including students, parents and school staff members. The professional school counselor is familiar with first responders such as law enforcement officials or emergency medical responders and with agency counseling service providers in the community.

The professional school counselor's central role is to respond to and advocate for the emotional needs of all persons affected by the crisis. The professional school counselor recognizes and facilitates a continuum of support for students and victims affected by a crisis. The professional school counselor is skilled in networking with community resources and thus is able to provide effective planning and referral for victims of a critical incident. In the event of a critical incident, the professional school counselor's primary role is to provide direct counseling service during and after the incident.

Summary

The professional school counselor is a leader and a crucial member of a district and school critical incident response team. The development and implementation of a coordinated district and school critical incident response plan should include input from the professional school counselor. Professional school counselors are student advocates and facilitators of communication with students, staff, parents and community and assist in securing outside services when needed. The counselor's expertise should not be replaced by less-qualified personnel in critical incident response planning and implementation. The professional school counselor should help coordinate critical incident stress debriefing for students, staff and counselors directly involved in the incident response.

Appendix B

American School Counselor Association *Position Statement: Cultural Diversity*

The Professional School Counselor and Cultural Diversity

(Adopted 1988; revised 1993, 1999, 2004)

American School Counselor Association (ASCA) Position

Professional school counselors advocate for appropriate opportunities and services that promote maximum development for all students regardless of cultural backgrounds and strive to remove barriers that impede student success.

The Rationale

An increased awareness and understanding of cultural diversity is important for all school personnel, especially the professional school counselor. The professional school counselor promotes the understanding and appreciation of cultural diversity and provides cross/multicultural counseling to facilitate human development. Students of diverse cultural backgrounds may not always have access to appropriate opportunities or receive needed services, and the professional school counselor uses school, district, state and national data to provide leadership in advocating for systemic change.

The Professional School Counselor's Role

Professional school counselors take action to ensure that students of culturally diverse backgrounds have access to services and opportunities that promote maximum academic, personal/social and career development. Professional school counselors use a variety of strategies to: increase awareness of culturally diverse persons and populations, increase sensitivity of students and parents to cultural diversity, enhance the total school and community climate for all students. Professional school counselors have the skills necessary to collaborate with students, parents and school personnel to identify attitudes and policies that impede the learning process of culturally diverse students. Professional school counselors strive to ensure that all students' rights are respected, which allows students to maximize their potential in a supportive environment and encourages maximum growth and development. The professional school counselor continues to seek professional development to better understand the cultural traditions and customs of their students. The professional school counselor also collaborates with members of the community who provide services to students from a variety of backgrounds.

Summary

Professional school counselors have the responsibility of working to ensure that all students' needs are met. Having the skills necessary to collaborate with students, parents and school personnel to identify attitudes and policies that impede the learning process, professional school counselors' foster increased awareness and understanding of cultural diversity in the school and community. Professional school counselors strive to ensure that all students have the opportunity to maximize their potential in a supportive environment that encourages maximum academic, personal/social and career development.

Appendix C: School Counselor Questionnaire

Note: This thesis is based on a data base of school counselors' responses from a previously conducted questionnaire (included below). All but one question (the one question this thesis is based upon, question 19) were the focus of the previous study which was published:

Allen, M., Burt, K., Bryan, E., Carter, D., Orsi, R., & Durkan, L. (2002). School counselors' preparation for and participation in crisis intervention. *Professional School Counseling, 6* (2), 96-102.

School Counselor Questionnaire

_____ Code #

Gender :(1 = male 2 = female)

1. **Y N** Do you currently work in the schools as a school counselor?
If not, please describe your occupation: _____
(1.) University (2.) Private practice (3.) School Psychologist (4.) School Administrator
(5.) Community agency (6.) Other (specify) _____
1. a **Y N** (If not currently working as a school counselor) **Have you previously been employed in the public schools as a school counselor?**

-----If **never** a school counselor and not working in the schools, end interview.-----

2. _____ **How many # yrs have you practiced as a school counselor?**
3. _____ **What is your level of training? Masters, Masters +30 graduate hours, Specialist, or Doctorate**
4. _____ **What year did you receive your advanced degree?**
5. **Y N** **Did you receive training for crisis intervention in any classes at the university you attended?**
----- (If no, go to question # 8) -----
6. _____ **Please specify the training:**
(1) Specific school crisis intervention class, (2) Crisis intervention class from another department, (3) not a specific crisis class but mingled in with several courses, (4) seminars/workshops, (5) other ----specify: _____
7. _____ **Describe how well you feel the University course work prepared you to deal with school crises.**
- | | | | | |
|---------------------|--------------------|---------------------|---------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| not at all prepared | minimally prepared | adequately prepared | well prepared | very well prepared |
8. **Y N** During practicum and/or internship did you have experiences in crisis intervention?
----- (If no, go to #10) -----
8. a _____ **Please specify what those crises were:** 1.natural disaster 2.suicide 3.grief & death 4.violence= fights or gun/weapon related 5.physical/sexual abuse 6.post-traumatic stress 7.community or media events 8.anxiety or stress related 9.other _____

9. **Y N** In your program, do you feel that you had adequate supervision for crisis intervention?
9. a _____ Who provided the **majority** of your supervision for crisis intervention?
(1) University Prof. (2) Practicum/internship on site supervisors (3) Both equally supervised
10. _____ Since graduation, what type of ***crisis intervention training*** have you received?
(1) First Aid, (2) local in-service/seminars/training sessions on crisis intervention, (3) Red Cross (specific crisis training), (4) NOVA, (5) ASCA national conventions (specific crisis training), (6) APA conventions, (7) other national conventions, (8) state and regional meetings, (9) reading books or journal articles, (10) other -- *please specify*
-
10. a _____ Did the (1) **school district** provide these opportunities, did you seek them (2) **on your own**, or was it a (3) **combination** of the district providing opportunities and you seeking the training on your own?
11. **Y N** Does your **district** or **individual school** have a crisis plan in place? (*Yes or No to indicate that there is or isn't some type of plan, then Specify district wide or individual school by circling the word.*)
- (If not, go to # 15) -----
11. a _____ How familiar are you with that plan?
- | | | | | |
|-------------------|------------------------|---------------|--------------------|-------------------------|
| 1 | 2 | 3 | 4 | 5 |
| Not familiar..... | Somewhat familiar..... | familiar..... | very familiar..... | extremely familiar..... |
12. **Y N** Does your District/Individual School have a specified crisis team?
- (If not go to #15) -----
13. **Y N** Are you a member of the District/Individual School crisis team?
14. **Y N** Do you have mock drills to practice the crisis plan (excluding fire drill) at least once a year?
15. _____ Please indicate the # of students in your district.
16. _____ What is the student to school counselor ratio in your job?
17. _____ Is your school district considered a rural, suburban, or urban area?
18. What are the approximate percentage breakdowns of students from diverse backgrounds? Please list percentages.

