School Crisis Consultation: An International Framework

Stephen E. Brock

California State University, Sacramento

Shane R. Jimerson

University of California, Santa Barbara

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Abstract

Making use of the PREPaRE Model of school crisis prevention and intervention this chapter explores the practice of school crisis consultation. While discussing this topic special attention is given to cultural and contextual considerations, with specific cross cultural examples offered and the international version of the PREPaRE Model’s crisis prevention and preparedness curriculum presented. As discussed in this chapter, the PREPaRE model of school crisis prevention and intervention is a sequential hierarchical model, comprised of the following elements: (a) crisis prevention and preparedness, (b) the reaffirmation of both objective physical safety and student perceptions of safety, (c) the evaluation of psychological trauma risk, (d) the provision crisis interventions and responding to mental health needs, and (e) the examination of the effectiveness of crisis response services provided.

**School Crisis Consultation: An International Framework**

This chapter discusses how the PREPaRE model of school crisis prevention and intervention (Brock et al., 2015; Brock et al., 2009) can be employed internationally as a framework for school crisis consultation. The PREPaRE model provides a flexible framework for school crisis prevention, preparedness, response, and recovery that can be used in a variety of different school environments. Although originally developed for use in the public schools of the United States of America, its prevention and preparedness elements have recently been adapted by Jimerson and colleagues (Jimerson, 2012; 2013a; 2013b; Jimerson, Brown, Shahroozi, 2012; Jimerson, Brown, Shahroozi, Watanabe, & Brown-Earl, 2012; Jimerson & Shahroozi, 2012) for use in a variety of international school contexts. This chapter begins with an overview of the PREPaRE model, then examines cross-cultural considerations in school crisis consultation, and finally discusses how each element of PREPaRE can be used in school crisis consultations.

**The Practice of School Crisis Consultation Using the PREPaRE Model**

The PREPaRE model of school crisis prevention and intervention employs elements of both mental health and behavioral consultation. According to Kratochwill (2008), although differences exist between these consultation models, both employ the special problem solving knowledge of the consultant within a triadic relationship (see Erchul & Sheridan, 2014, for a review of contemporary research in school consultation). As illustrated by Figure 1’s solid lines, this type of triadic relationship typically finds a crisis intervention specialist (e.g., school psychologist) in the role of the consultant, adult caregivers (e.g., administrators, teachers, or parents) in the role of consultee, and the student with coping challenges in the client role. However, in some cases the consultee may be a school administrator and the client an adult school staff member (e.g., a classroom teacher who is experiencing coping challenges).

Figure 1’s broken line leading directly from the consultant to the client illustrates that this model of crisis intervention consultation can include the provision of direct services by the crisis intervention specialist, when the needs of the person in crisis exceed those that can be met by natural caregivers (e.g., parents and teachers).In other words, while many of the activities that take place under the umbrella of PREPaRE find the crisis intervention specialist providing indirect consultation services, the model dictates the use of direct mental health crisis intervention when indicated (i.e., when student or school staff member experiences severe psychological traumatization). Yet even with these relatively intense and potentially highly directive crisis intervention services (offered by the crisis intervention specialist directly to the client who is in crisis), a basic problem solving orientation is the primary vehicle through which support is offered. This problem-solving approach is consistent with the school-based problem-solving consultation process involving: (a) relationship building, (b) problem identification, (c) problem analysis, (d) intervention implementation, and (e) program evaluation (Frank &Kratochwill, 2014).

As illustrated in Figure 2, the PREPaRE acronym stands for **P**revent, **R**eaffirm, **E**valuate, **P**rovide and **R**espond, and **E**xamine. To the extent it is possible to do so, the model asserts that the crisis consultant should assist the school in preventing those crises that can be avoided and in preparing for those that either cannot or are not prevented. Next, the crisis response consultant strives to help the school ensure that objective physical safety is reaffirmed and, furthermore, that students perceive the school environment as safe and secure. Evaluation of psychological trauma risk is the next step or element of the PREPaRE model, and involves the identification of mental health crisis intervention needs. Initially this “psychological triage” is offered as an indirect service, with the crisis consultant gathering data from consultees. However, it is emphasized within the PREPaRE model that such triage is a process not an event, and that as the crisis response consultant directly interacts with students (i.e., provides direct mental health crisis intervention assistance), they personally assess these needs and make more refined mental health referral decisions. From the evaluation of psychological trauma, the PREPaRE model directs the crisis response consultant to begin to provide crisis interventions and in doing so to meet student psychological needs. To the extent it is appropriate to do so the PREPaRE model emphasizes providing such services indirectly, via crisis consultation with the parents and teachers who are the student’s primary caregivers. Finally, the model requires the crisis consultant to assist the school in examining the effectiveness of existing crisis prevention strategies, crisis preparedness efforts, and the degree to which a given school crisis response was effective (Brock et al., 2009).

In addition to the special subject matter knowledge of crisis prevention and intervention required of the crisis consultant (which the PREPaRE workshops provide), it is also important to acknowledge that effective communication skills are essential to crisis consultation (not to mention their importance in those situations where the consultant is called on to provide direct crisis intervention services; Rosenfield, 2004). Perhaps most importantly the ability to help the consultee (and in the case of direct services, the client) identify and prioritize crisis created problems is essential. Often as consultees (e.g., parents, teachers, and administrators) struggle to find ways to help students recover from their crisis exposure, crisis generated problems are viewed as a vague collection of competing needs. Consequently, the consultant will need to help the consultee specifically identify the coping challenges generated by the crisis event and to then help them prioritize them. Challenges that involve physical safety should be identified for the consultee as the primary concerns, followed in order by ways to minimize crisis exposure, determining the level of crisis response required, evaluating individual psychological trauma risk, and then providing crisis interventions (Brock et al., 2009).

Identifying and prioritizing crisis challenges are facilitated by use of the listening skills (e.g., clarifying, paraphrasing, and perception checking) described in helping skills literature (Rosenfield, 2004). When employing these skills it is important for the consultant to recognize that to the extent the consultee is affected by the crisis event, he or she is likely to find his or her working memory overloaded by event details, thus leaving relatively little working memory available to process guidance offered by the consultant. Given this reality, the listening skill of perception checking is critical and the consultant should be prepared to restate and rephrase guidance offered. In doing so it will be important to acknowledge for the consultee how difficult it is to process such guidance in crisis situations so as to assertively avoid giving the impression that the consultee is being judged for “not listening.” Role-play can be helpful in developing these skills, and such practice is a standardized element of the PREPaRE curriculum’s *Workshop 2: Crisis Intervention and Recovery* (Brock, 2011).

In addition to the basic communication skills described above, it is also essential for the international crisis consultant to have special knowledge of the child’s unique perspective of the crisis event. In particular, when preparing to provide these services in international contexts the crisis consultant must attend to not only the child’s individuality, but also the social, cultural, and political context within which they live (Jones, 2008). Jones (2005), for example reports that for Kurdish children from Northern Iraq living in temporary camps or shelters, they were most fearful of being bitten by “scorpions and snakes” (p. 269). Jones goes on to report:

For the most part, in the 11 sites that I assessed, children made little reference to the wars that had displaced them. Their worries and fears centred *[sic]* on the everyday hazards and the discomforts of their current lives: fights, discrimination, beatings, mines, snakes and scorpions, heat, dust, noise, dirt, dangerous roads, sickness, the absence of space to study and, universally, the lack of space to play (p. 269).

In other words, the international crisis consultant should not rigidly adhere to preconceived views regarding the crisis problems affecting children. Rather they should strive to understand the context of the child when facilitating problem solving. In the following paragraphs we provide further discussion of this essential knowledge.

**Cultural and Contextual Considerations in School Crisis Consultation**

Tarver and Ingraham (1998) defined multicultural consultation as “a culturally sensitive, indirect service in which the consultant adjusts the consultation services to address the needs and cultural values of the consultee, the client, or both” (p. 58).Ingraham (2014) highlights the importance of the multicultural aspects of consultation, including the organized thoughts, beliefs, and norms for interaction and communication that may influence cognitions, behaviors, and perceptions. As Soo-Hoo (1998) emphasized, understanding a person’s perspective, involves understanding his or her cultural, sociopolitical, and psychological contexts. This is particularly salient when considering the diverse populations served by a crisis consultation system. For instance there may be different languages, races, ethnicities, and cultural backgrounds among consultants, consultees, and clients (Ingraham, 2014).

As student populations and communities vary, it is important that professionals involved in school crisis prevention, preparedness, response, and recovery are sensitive to cultural and contextual considerations (Brock et al., 2014; Hatzichristou, Jimerson, Reeves, Brock, & Nastasi, 2010). Whereas the general PREPaRE principles are applicable across diverse cultures and contexts, it is imperative that professionals consider those factors most relevant within the local context (e.g., customs, traditions, cultural norms, cultural expectations, and beliefs about mourning or receiving psychological support services). Awareness and sensitivity to these contextual considerations is important both within and across countries, states, provinces, as children and families within a given geographic location will not all share homogeneous cultures.

**Case examples.**

The following discussion provides two brief case examples to illustrate previous efforts to use the PREPaRE model during school crisis consultation in diverse regions of the world.

***Greece.*** Early efforts to utilize the core principles of PREPaRE school crisis consultation internationally involved collaborations between Shane Jimerson, Stephen Brock, and Chryse Hatzichristou (e.g., Brock & Jimerson, 2008; Jimerson, 2008; Jimerson & Brock, 2008). These efforts built upon the foundation of local expertise and systems that had been previously developed. For instance, after the September 1999 earthquake in Athens, Greece, a crisis intervention program was implemented in schools (Hatzichristou, 2008) for the students to understand the natural disaster, exchange experiences, describe and express their emotions, and feel empowered (the same program was also implemented following the 2007 wildfires in Peloponnese). The psycho-educational interventions were designed to meet the needs students within the classroom setting and were implemented by school psychologists in collaboration with trained teachers (Brock, Sandoval, & Lewis, 2001).

Through communications and collaborations, PREPaRE school crisis prevention, preparedness, intervention, and response workshops were developed specifically for use in the Greek context. For example, the PREPaRE materials were initially infused with many examples and references to many educational infrastructures that are unique to the United States context (e.g., federal and state laws pertaining to school crisis plans, guidelines from the U.S. Department of Education, alignment with the Incident Command System required for emergency responders in the U.S., modifications to language such as Principal, Superintendent, School Board, and terms that may not be relevant within another educational system). Thus, there were extensive efforts to remove these specific referents, and include language and examples that would be particularly salient within the Greek context.

Because the United States has extensive diversity, the importance of cultural and contextual considerations was already included within PREPaRE; however, further efforts were made to highlight cultural and contextual considerations particularly salient in Greece (e.g., considerations about the specific cultural heritage, spiritual beliefs, recent events such as previous wildfires and earthquakes that impact the coping of children and families within the local context). These workshops established the foundation for further local refinement and application of PREPaRE school crisis consultation within the local context, including numerous professors and professionals throughout Greece, and also more recently involved Stephen Brock and Melissa Reeves in presenting contemporary PREPaRE workshops (Brock & Reeves, 2009).

The infrastructure for education systems varies, and as a result there are different consultation approaches found across these systems. Hence, an emphasis on ~~the~~ organizational consultation (Illback, 2014) was particularly important when developing PREPaRE school crisis consultation in Greece. PREPaRE school crisis consultation is relevant to all forms of crisis prevention, preparedness, response, and recovery, for example, with wildfires and student/teacher loss being particularly historically relevant in Greece, and most recently requiring local adaptations to support students, families, and school communities amidst the significant economic crisis (Hatzichristou, Issari, Lampropoulou, Lykitsakou, & Dimitropoulou, 2011; Hatzichristou et al.~~,~~ 2012; Hatzichristou, Adamopoulou, &Lampropoulou, 2014)

***Japan.*** Another illustration of using the PREPaRE school crisis consultation framework internationally emerged following the massive magnitude 9.0 Great East Japan Earthquake. Occurring near the northeast coast of Honshu, Japan on March 11, 2011, this event triggered a tsunami that tragically destroyed, damaged, and displaced many coastal villages. The earthquake also damaged the Fukushima Dai-ichi Nuclear Power Plant, and thousands of residents in the region were evacuated as authorities worked to prevent a nuclear meltdown at those facilities. Heavy casualties and extensive damage were caused by this series of disasters. Over half a million residents were left homeless and millions were without electricity or water for weeks following the earthquake and associated tsunami. Hundreds of thousands of residents were displaced or relocated, and over 20,000 persons died. For weeks, there were widespread concerns regarding water and food contamination and the potential spread of disease. Children in the impact zones and communities throughout the country were in need of immediate and long-term support.

In the immediate aftermath, colleagues in the Japanese Association of Educational Psychologists and Japanese Association of School Psychologists collaborated with colleagues from the United States’ National Association of School Psychologists (e.g., Jimerson & Watanabe, 2011). Many of the basic principles of the PREPaRE school crisis consultation were immediately employed [e.g., reassuring safety and security, psycho-education outreach and resources for professionals and families (Saeki, Watanabe, & Jimerson, 2011a, 2011b; Saeki, Ishikuma, Watanabe, & Jimerson, 2011a, 2011b, 2011c, 2011d), processes for psychological triage]. However, the scope of the tragic events and the local cultural contextual considerations warranted special attention. For instance, many of the local support systems and educational infrastructures (including school professionals, schools, and even communities) were displaced, which complicated the immediate, short-term, and long-term support efforts typically afforded with PREPaRE school crisis consultations. The events also prompted further interest among educational psychologists and other school-based professionals to develop more robust preparedness and response infrastructures to support students, staff, and families. Shane Jimerson collaborated with Yayoi Watanabe and other colleagues in Japan to present the PREPaRE school crisis consultation framework with an emphasis on relevant cultural and contextual considerations (e.g., sensitivity to the representation of mental health supports among populations that do not historically embrace such psychological services, emphasis on existing established community support networks, attending to the guidelines for crisis preparation and response prepared by the Ministry of Education, Culture, Sports, Science and Technology, sensitivity to the salience of the recent 9.0 Great East Japan Earthquake, addressing the needs of both Japanese students and specific minority populations from China, Korea, and other countries; Jimerson, 2013, August).

**Cultural and contextual crisis consultation considerations.**

Consistent with Ingraham (2014), the authors’ experiences with the PREPaRE model in both Greece and Japan emphasized the importance of considering the multicultural aspects of consultation. As was discovered during these consultations, there were various systems level, cultural level, and contextual factors that were particularly relevant to providing school crisis consultation.Consultants need to understand that while the school crisis consultation principles are commonly applicable across many diverse contexts, the processes, timelines, and specific strategies must be responsive to the local context. Preparation and planning efforts within a given context is invaluable in helping to determine the local cultural and contextual considerations in advance of any prevention and response efforts. This awareness was an important antecedent to the international version of the PREPaRE curriculum.

***The international version of PREPaRE.*** During the past three years, Shane Jimerson has led collaborative efforts with international colleagues to develop an international version of PREPaRE specifically refined to provide a flexible framework for school crisis prevention, preparedness, response, and recovery that can be used in schools around the world. The experiences described above in collaborating with colleagues in Greece and Japan, and additional collaborations with colleagues from over 50 countries informed the development of the international version of PREPaRE. Revisions emphasized eliminating phrasing examples that were unnecessary and only relevant to specific contexts in the world, and also enhanced examples illustrating key considerations across diverse contexts and cultures. For example some countries have existing national emergency response infrastructures and protocols; however, invoking one system for all countries is not appropriate. Thus, modifications were made in the international version to highlight the relevant content without specifying the governing agency and also noting that alignment with existing emergency response infrastructures is critical for school-based professionals. This international curriculum has been presented and piloted in multiple countries during recent years, including, Bangladesh, Canada, Japan, and Jamaica (e.g., Jimerson, 2012; Jimerson, 2013, July; Jimerson, Brown, &Shahroozi, 2012; Jimerson, &Shahroozi, 2012). The next phase of efforts will focus on making the crisis response and recovery elements of the PREPaRE curriculum also available internationally.

**The PREPaRE Model**

We now discuss how each element of PREPaRE can be used in school crisis consultations. For an additional contemporary description of these activities the reader is referred to Brock, Reeves, and Nickerson (2014).

**Crisis Prevention**

School crisis consultation begins with efforts to prevent crises from occurring in the first place, and finds the crisis consultant working directly with a school principal and/or school safety and crisis team (who would be considered the consultees). When approaching this critical task it is important for the crisis consultant to acknowledge that different schools in different parts of the world will face different crisis events and potential natural disasters (Jimerson et al., 2012). Thus, it is important that this element of school crisis consultation begins with assessment of the specific risks and strengths of a school context (or school system), and to then employ specific and targeted crisis prevention efforts. Consequently, the consultant must have special knowledge of how to conduct both needs assessments or school safety audits, and of a range of crisis prevention programs (Brock et al., 2009; Reeves, Kanan, & Plog, 2010).

The PREPaRE workshop titled *Crisis Prevention and Preparedness: Comprehensive School Safety Planning,* also known as workshop 1(Jimerson et al., 2013; Reeves et al., 2011), offers a “School Building Vulnerability Assessment” (Skalski, 2006) and a “Comprehensive School Safety Team Checklist,” which may be especially helpful tools for use by school crisis consultants. The PREPaRE model also advocates for a range of crisis prevention strategies, and emphasizes the need to ensure both physical and psychological safety. The former can be facilitated by knowledge of *Crime Prevention Through Environmental Design* (Crowe, 2000; Crowe & Zahme, 1994; Robinson, 1996), while the latter requires a general understanding of how to facilitate a positive school climate, social-emotional learning, and a variety of internal and external sources of resiliency (Brock et al., 2009; Reeves et al., 2011).

**Crisis Preparedness**

Also considered to be a primary school crisis consultation task, crisis preparedness strives to ensure that the school (or school system) is ready to respond to those crises that cannot be, or are not, prevented; and again finds the crisis consultant working directly with a school principal and/or school safety and crisis team. The importance of these activities is emphasized by the fact it is not a question of “if” a school will be exposed to a crisis even; rather, it is a question of “when” a school crisis event will occur. As was the case for crisis prevention, when approaching this task the crisis consultant needs to acknowledge that different schools in different parts of the world will need to have greater or lesser degrees of preparedness for specific crisis events. In other words, school crisis consultants should not simply help schools prepare for general “crisis” events, they should strive to help schools prepare for the specific types of crises a particular school is most likely to face (e.g., particular types of natural disasters, potential human generated crises, suicide, homicide). However, at the same time consultants need to recognize that crises are by definition unpredictable and consequently the crisis plans they help schools to develop must be flexible enough to be useful when addressing a broad range of crises.

Again, the PREPaRE workshop titled *Crisis Prevention and Preparedness: Comprehensive School Safety Planning* (Reeves et al., 2011; Jimerson et al., 2013) offers resources that can help the school crisis consultant facilitate school crisis preparedness. As was mentioned above, the model offers the “School Building Vulnerability Assessment” (Skalski, 2006) that will be helpful as the school crisis consultant helps the school to identify the specific types of crises it needs to be prepared to address. The model also advocates for a range of crisis preparedness activities and offers guidance on how to develop, implement, and maintain school safety and crisis response teams; and offers an examination of several different special considerations in crisis preparedness (e.g., addressing special needs students, memorials, cross cultural issues, and working with the media; Brock et al., 2009). From the PREPaRE model the crisis consultant will find “Emergency Protocols, Drills, Exercises, and Procedures” (Cherry Creek School District, 2007; Federal Emergency Management Agency, 2003; Reeves et al., 2010; U.S. Department of Homeland Security, 2007) especially helpful while assisting the school to be better prepared to address crises.

**Reaffirming Physical Safety**

Common sense dictates that the immediate response to a crisis event is to ensure physical safety, and in doing so mitigate the risk of physical (and psychological) trauma (Haskett, Schott, Nears, & Grimmett, 2008; Hobfoll et al., 2007). As was the case with the crisis prevention and preparedness tasks, reaffirming objective physical safety typically finds the crisis consultant working directly with a school principal and/or school safety and crisis team. Obviously, such objective physical safety is prerequisite to recovery.

A special circumstance that the crisis consultant needs to be prepared to address is the instance where objective safety cannot be restored (e.g., in the case of ongoing war or threat of terrorist attacks). In such a situation the school crisis response strives to give students at least some sense of control. This may involve teaching students what they can do to minimize the risk of harm and best ensure their safety. Doing so will lessen the event’s potential to generate psychological trauma, as the more controllable students view the event to be, the lower will be the degree of traumatic stress (Saylor, Belter, & Stokes, 1997).In the instance where school attendance itself would be dangerous (e.g., due to ongoing threats), virtual or online schools may be an option for maintaining some sense of routine and teaching students while at the same time better ensuring student safety.

**Reaffirming Perceptions of Safety**

In addition, to offering guidance that helps to ensure objective physical safety, it is important for the crisis consultant to direct school administration and the school safety and crisis response team to ensure that student perceptions of safety(i.e., their belief that crisis related dangers have terminated) are also reaffirmed. In particular it will be important to make concrete for students the actions that adults are taking on their behalf to make certain they are safe. Critical to the successful communication of these actions is how adults are reacting to the crisis, as there is an association between these reactions and traumatic stress among children. The child’s exposure to adult traumatic stress reactions correlates with their own traumatic stress (Landolt, Vollrath, Timm, Gnehm, & Sennhauser, 2005; Ostrowski, Christopher, & Delahanty, 2007).Regardless of how it is reaffirmed, the belief that dangers associated with the crisis event have ended is necessary before mental health crisis intervention and recovery can begin (Barenbaum, Ruchkin, & Schwab-Stone, 2004; Brown & Bobrow, 2004).

Returning to school and re-establishing familiar rituals and routines can be important to ensuring student perceptions of safety. Of course if the school environment is not safe this will not be possible, and in these instances the crisis consultant might suggest the use of either alternative (and physically safe) school sites, or (as was just mentioned above) the use of online or virtual schools.

**Evaluating Psychological Trauma Risk**

After safety has been reaffirmed, the next crisis response task is to conduct a psychological triage of school community members who have been exposed to the crisis. Initially, this task finds the crisis consultant gathering information from consultees (e.g., caregivers) and other sources regarding crisis details, and the degree to which individuals were personally exposed to the crisis (physical and/or emotional proximity to the event), and/or have pre-existing personal vulnerabilities (e.g., mental illness, trauma history, developmental immaturity, limited social support resources) that will serve to make it more difficult to cope with crisis generated challenges. Referred to as “primary triage” this initial risk screening is used to make initial mental health crisis intervention treatment decisions (Brock et al., 2009).

As the crisis intervention progresses, the next level of triage (secondary triage) continues to find the crisis consultant gathering information from consultees regarding how individuals are coping with crisis related problems. However, it is at this point that the crisis response consultant may have begun to provide direct services and from these client contacts additional information is gathered about the mental health crisis intervention treatment priorities and needs. Finally, the process of psychological triage concludes with what is referred to in the PREPaRE model as tertiary triage. This is the level of treatment decision-making wherein psychotherapy treatment referrals (of the most severely traumatized of individuals) are made (Brock et al., 2009).

Especially relevant to this volume’s international theme is the PREPaRE model’s acknowledgement that crisis consultants must have a basic understanding of the cultural and contextual factors that influence the display of crisis reactions. Simply put, what might be a common display of psychological distress in one culture may be atypical in another culture (Sandoval & Lewis, 2002). Klingman (1986), for example, in describing the interventions conducted by crisis workers as they notified parents of a school bus accident, stated that cultural awareness:

… proved valuable in that they were prepared for various culturally based manifestations of traumatic grief reactions, and thus refrained from requesting the use of sedatives in cases in which the parents’ reactions to a death notification on the surface seemed extreme but were in line with their cultural norms. (p. 55)

Likewise, cultural and contextual factors such as those described above by Jones (2008, 2005), will also influence potential support strategies. Thus to conduct triage and successfully make crisis intervention treatment decisions, cultural competence is critical.

The PREPaRE workshop titled *Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals,* also known as Workshop 2 (Brock, 2011), offers resources that can help school crisis consultants facilitate the process of psychological triage. For example, the model offers “Primary Risk Screening,” “School Crisis Intervention Referral,” and “Psychological Triage Summary Sheet” forms (Brock et al., 2001; Brock et al., 2009), which are helpful as the crisis consultant helps the school to match individual needs to specific types of crises interventions.

**Providing Interventions and Responding to Mental Health Needs**

Providing mental health crisis interventions is the next element of the PREPaRE model. Three general classes of crisis intervention are offered, and from least to most directive, they are: (a) re-establishing social support, (b) psychological education, and (c) psychological interventions. The specific interventions associated within each of these intervention groupings are offered in Table 1 (Brock et al., 2009).

Decisions regarding which interventions are provided to individuals are based upon the psychological triage discussed in the preceding section. To the extent it is possible to do so, the crisis consultant maintains the traditional consultant/consultee relationship, and only in instances wherein the client is severely traumatized will he or she leave this role and provide direct mental health services to the client. As a rule it is possible for the first two groups of crisis intervention (i.e., “re-establishing social support” and “psychological education”) to be provided as indirect services by the consultant. Conversely, the class of interventions referred to as “psychological interventions” often requires the training and skill of a mental health professional and are thus frequently provided as a direct service by the crisis consultant.

Again, when it comes to the provision of mental health crisis intervention services, cultural competence is essential. To begin with, an understanding of culturally specific crisis recovery resources is necessary. Regarding the first class of crisis interventions (i.e., re-establishing social support), cultures vary in terms of the type and amount of social support they tend to offer. For example, Chen, Kim, Mojaverian, and Morling (2012) report that European Americans appear to provide more emotion-focused support than problem-focused and that Japanese exhibited the opposite pattern. Similarly, the first author’s own anecdotal observations suggest that by virtue of their promotion of the extended family, some cultures have broader and potentially more resilient social support networks. For example, the traditional Greek family often finds grandparents, Godparents, and aunts/uncles to be important members of the family. Conversely, families located in western parts of the United States, where individuals tend to be more geographically dispersed, may find such resources limited to the nuclear family. In other words, the crisis consultant might expect to make use of naturally occurring social support systems to a greater extent in some contexts than in others.

In addition, there may be interactions between crisis type, cultural norms, and the availability of social support resources. For example, when it comes to the crisis of suicide, some cultures have more restrictive attitudes toward this act than do others (Jordan, 2001; Roberts, Lepkowski, & Davidson, 1998). Among groups wherein the act of suicide is more taboo, social support will be less available and consequently there will be a greater need for more direct crisis intervention services. Knowledge of these cultural attitudes and contextual considerations are important to the crisis consultant as he or she determines the extent to which direct crisis intervention services will need to be provided.

Finally, it is important to acknowledge that the acceptability of mental health services, and consequently the provision of direct mental health crisis intervention, can vary from group to group (Kouyoumdjian, Zamboanga, & Hansen, 2003; Kung, 2004). Within settings wherein asking for and/or receiving mental health services is less acceptable, the crisis consultant will want to ensure that naturally occurring social support resources have been exhausted before considering direct forms of crisis intervention. At the same time the crisis consultant will need to acknowledge that individuals in need of direct and professional mental health crisis intervention may be more reluctant to ask for such assistance.

Again, the PREPaRE workshop titled *Crisis Intervention and Recovery: The Roles of School-Based Mental Health Professionals* (Brock, 2011) offers resources that can help the school crisis consultant facilitate the provision of mental health crisis interventions. Among the resources offered by the model are a “Sample Classroom Meeting Script and Outline” (Brock et al., 2009), “Stress Management Resources and Adaptive Coping Strategies” (Brock, Jimerson, &Zatlin, 2003), and “A Lesson Plan for Use by a Crisis Intervention Team Member when Conducting a Student Psychoeducational Group” (Brock et al., 2009). In addition, it presents a number of psychological first aid resources developed by Brymer et al. (2006).

**Examining the Effectiveness**

The final element of the PREPaRE model directs the crisis consultant to assist the consultee (i.e., the school principal and/or the school safety and crisis team) in examining the effectiveness of crisis prevention, preparedness, response, and recovery efforts. The efforts. The importance of doing so is emphasized by the fact that each and every crisis event is unique and thus presents the consultee with a learning opportunity. Both PREPaRE workshops (Brock, 2011; Reeves et al., 2011) offer resources that can help the school crisis consultant facilitate the evaluation of crisis prevention, preparedness, response, and recovery. Among these resources are a “Questionnaire for Examining the Crisis Team’s Immediate Response and Longer-Term Recovery Efforts” (Brock et al., 2009), “Interview or Focus Group Questions Used to Evaluate the Process of Crisis Response and Recovery Implementation” (Brock et al., 2009), and “Checklist: Evaluating the Crisis Response – After Incident Report (Process Analysis)” (Reeves et al., 2010).

**Concluding Comments**

The efforts to develop the PREPaRE school crisis consultation framework for use in countries around the world have been consistent with a collaborative participatory process for facilitating the development of acceptable, socially valid, effective, and sustainable programs in creating culturally specific school-based mental health programs and services (Nastasi, Vargas, Bernstein, & Jayasena, 2000; Nastasi et al., 2000). In addition to crisis content specific knowledge/skills (prevention, preparedness, response, recovery; Brock et al., in press), consultants also need to develop effective communication and listening skills as they are used in the consultation process (e.g., clarifying, paraphrasing, and perception checking; Rosenfield, 2004). Additionally, knowledge of problem-solving consultation processes (Frank &Kratochwill, 2014), systems and organizational considerations (Illback, 2014), and sensitivity to cultural and contextual considerations (Ingraham, 2014) are each essential aspects of the PREPaRE school crisis consultation framework. Throughout the world, it is apparent that there is an ongoing need for school crisis prevention, preparedness, response, and recovery activities, and the PREPaRE school crisis consultation framework may be used and adapted internationally.

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*Figure 1.* The triadic crisis intervention consultation relationship.

|  |  |
| --- | --- |
| **P** | **P**revent crisis events |
| **R** | **R**eaffirm physical health and perceptions of security and safety |
| **E** | **E**valuate psychological trauma risk |
| **P**  **a**  **R** | **P**rovide interventions **a**nd **R**espond to psychological needs |
| **E** | **E**xamine the effectiveness of crisis prevention and intervention |

*Figure 2.* The PREPaRE acronym represents a flexible, sequential, and hierarchical set of crisis interventions (adapted from Brock et al., 2009, p. ix).

Table 1

*General Classes and Specific Types of PREPaRE Crisis Interventions*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *General Classes of Crisis Intervention* | | |
|  | *Re-establish Social Support* | *Psychological Education* | *Psychological Intervention* |
| *Specific Types of Crisis Interven-tions* | * Reunite with primary caregivers | * Informational documents | * Classroom-based crisis intervention |
| * Reunite with peers and teachers | * Caregiver trainings | * Individual crisis intervention |
| * Return students to familiar environments/routines | * Classroom meetings | * Psychotherapy |
|  | * Facilitate community connections | * Student psychoeducational groups |  |
|  | * Empower caregivers with crisis recovery information |  |  |

*Source.* Brock et al. (2009)