1. Crisis Teams, Response and Aftermath

a. *School Crisis Intervention Team:* Such a team is widely used by schools. In addition to responding when a crisis occurs, the team can conduct drills that prepare for and legitimize crisis intervention. Crisis drills prepare students to follow directives during the stress of a crisis. For example, Cleveland Elementary School had a policy of conducting crisis drills on their playground. In 1989, a gunman opened fire on students and teachers on the playground, killing 5 students. Researchers report that the crisis drills conducted on that very playground prevented more deaths from occurring. The school also provided essential information in the immediate aftermath to everyone involved and was able to accommodate cultural and language barriers in their debriefing procedures.

    For more information, see:
    Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review, 23*, 175-189.

    Poland, S. & Pitcher, G. (1990). Best practices in crisis intervention. In A. Thomas & J. Grimes (Eds.),*Best Practices in School Psychology* (Vol. 2, pp. 259-275). Washington, DC: National Association of School Psychologists.

b. *School-Based Health Centers and Violence Prevention*: Three community health centers -- in West Virginia, Maryland, and California -- developed projects to improve and increase violence prevention and mental health services through school-based health clinics. Each site developed its own package of mental health/violence prevention services to meet the need of its clients and community, and address local issues related to violence. All three sites reported fewer suicide attempts, fewer fights on campus, and improved attendance among previously truant students or those with discipline problems. Teachers and staff also reported general improvements in students'attitudes and behavior and greater use of conflict resolution tools by students. Teachers and students reported a greater sense of school safety.

    For more information, see:
    Healing Fractured Lives: How Three School-Based Projects Approach Violence Prevention and Mental Health Care. Bureau of Primary Health Care, U.S. Department of Health and Human Services.

c. *Project Rebound*: Project Rebound is a 10 week art therapy program designed to help children who have experienced a crisis express concerns, fears, anxieties, anger and helplessness in a safe and supportive environment. Student reports indicate that the counselors are supportive and allowed them to develop positive coping skills. Teachers found that students provided the therapeutic opportunity were better prepared to learn after a crisis than those who had not participated in the program. .

    For project information, contact:
    The Psychological Trauma Center, 8730 Alden Drive, Room C-106A, Los Angeles, CA 90048, (310) 855-3506.

d. Research Studies

Cokeville School Bombing Study: Following a school bombing in Cokeville, WY, the school administrator took steps to manage the crisis and provide leadership to the community. Students returned to school the next day, and attended meetings with other students and parents where they had an opportunity to discuss their feelings and concerns in an open, safe forum. Those students who participated most in the group sessions recovered most quickly.

For more information, see:
Sandall, N. (1986). Early Intervention in a disaster: The Cokeville hostage/bombing crisis. *Communique, 15, 1-2.*

Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review,* 23, 175-189.

Experimental Study with High School Seniors: Fifty-seven high school seniors were provided with graded crisis experiences to work through under circumstances that favored successful outcomes. Three types of coping strategies, including relaxation, cognitive restructuring, and problem solving, were provided to help them deal with the crisis experiences. Following participation in the 6-week program, participants, as opposed to those in a control group, evidenced significantly higher scores on tests measuring self-efficacy and rational beliefs. When presented with a scene depicting a potentially traumatic transition at the end of the program, participants (compared to controls) used significantly more cognitive restructuring strategies.

For more information, see:
Jason, L.A., & Burrows, B. (1983). Transition training for high school seniors. *Cognitive Therapy and Research,* 7, 79-91.