EFFECT OF THREE DIFFERENT APPROACHES TO CRISIS-INTERVENTION TRAINING WITH PRE-SERVICE TEACHERS

By

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To my parents, Richard and Nancy Alker,
with all my love and admiration

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In recent history, schools have acquired the responsibility for providing emotional support to students in crisis. Teachers are in a prefect position to provide this support, because they have established relationships and constant contact with their students. However, they require training to develop the necessary knowledge, skills, and self-confidence to support students and identify those in need of further intervention.

Our study considered three different educational formats to guide pre-service teacher training in providing emotional support to students in crisis: individual reading, lecture-based presentation, and interactive workshop. The researcher prepared 10 counselors from the Alachua County Crisis Center to provide the training. We divided 178 students (preparing to teach kindergarten through 12th grade) into three groups based on class enrollment, and assigned to one of the training formats. Immediately after the 45-minute training sessions, participants completed three questionnaires: Teacher's Perceived Self-Efficacy Related to Adolescent Suicide Questionnaire-Altered (measuring

attitude toward the provision of emotional support to students in crisis); the Relationship Inventory (measuring empathy); and Applied Knowledge of Crisis Skills (measuring the transfer of knowledge and skills).

Three separate one-way analysis of variance (ANOVA) tests were conducted to determine the effects of the three training programs on attitude, empathy, and transfer of knowledge and skills. The null hypothesis associated with each one-way ANOVA was assessed using a Type I error rate of 0.05. Estimates of effect size were computed using omega squared. Group differences in attitude or empathy were not found among the three groups. A significant difference was found in participants' transfer of knowledge and skills. Because a difference was found, three independent-samples t-tests were conducted to test for between-group differences. Group differences were found in level of knowledge and skill between the lecture and interactive groups, but not between the reading and lecture or reading and interactive groups. These differences must be interpreted with caution due to low reliability of the knowledge and skill instrument. Results of our study do not support using the crisis intervention-training program in the forms used in our study to increase the attitude, empathy, or transfer of knowledge and skill in pre-service teachers.

CHAPTER 1
INTRODUCTION AND RATIONALE FOR STUDY

In the early 1970s, in Chowchilla, California, a busload of school children was kidnapped and buried for 27 hours before they escaped (Terr 1983). A West Paducah, Kentucky youth shot into his high school's prayer group, killing three fellow students and injuring four, in 1997. The deadliest school shooting in American history happened in Littleton, Colorado, in 1999, when two high school students killed 12 classmates and one teacher, and took their own lives (Poland & McCormick 1999). On September 11, 2001 terrorists killed more than 3,000 people in New York City and Washington, D.C., when airplanes were flown into both towers of the World Trade Center and the United States Pentagon (Berson & Berson 2002).

These are only a few tragic examples of the many crises witnessed directly (in their own schools) or indirectly (through television news media coverage) by American children during my lifetime, and yet the magnitude of this violence sounds like a World War radiobroadcast. As a result of these and other horrific events, most schools developed some form of crisis-intervention program by the early 1990s. Crisis theory and research strongly supports providing immediate intervention services, which requires significant training and development, before the crisis event (Brock et al. 2001, Pitcher & Poland 1992, Slaikeu 1990).

Schools commonly respond to a large-scale crisis by committing great deals of time and manpower to developing a more sophisticated response plan. Unfortunately, the

momentum quickly wanes as the incident fades into memory. In the event of a future crisis, a school will retrieve the plan from a file, call rusty team members into action, and likely become overwhelmed by the situation due to lack of practice. For this reason, more effective initial and ongoing training programs must be developed to maximize a school's limited time and resources.

School crisis response teams usually include representatives from various areas: teachers, administrators, community mental health providers, and law enforcement. Team members usually receive respectable amounts of crisis-intervention training while remaining school staff members may not be included in the process. Plans provide clear roles, establish resources, and map out procedures to be followed in the event of a crisis. Those school personnel who have received training report feeling prepared to respond to large-scale crises. The perceived value of crisis response plans is represented in countless qualitative accounts written by educators who have experienced crisis in their schools (Hanna 1998, Neuhaus 1990, Paine 1999, Poland et al. 1999).

The next step requires clearly defining the role of teachers before, during, and after a crisis (Feinberg & Jacob 2002). Teachers are in the best position to recognize students in crisis because they have the most direct and consistent contact with the children (Brock et al. 2001, Pitcher & Poland 1992, Slaikeu 1990). This is especially true after a crisis when the other professionals return to their regular duties. Poland & McCormick (1999) suggest teachers should be able to provide necessary crisis-intervention services for 95% of their students.

Unfortunately, not all teachers presently receive crisis-intervention training, a fact that must be changed (Nims & Wilson 1998, Taylor et al. 1991b). Accomplishing this

goal entails determining the most effective approach for training teachers (Brock et al. 2001, Slaikeu 1990). Our purpose was to investigate the most effective ways to prepare pre-service teachers to respond and provide emotional support to students in crisis. Our study considered three different educational formats to guide pre-service teacher training in crisis-intervention: individual reading, lecture-based presentation, and interactive workshop.

CHAPTER 2
LITERATURE REVIEW

After a nightclub fire that killed 493 people, Eric Lindemann (1944) published an article documenting his experiences and observations while providing crisis-intervention services to the survivors and family members of the victims. Lindemann's article became the seminal work in crisis-intervention theory and response in all fields relating to providing mental health services. Although the study and practice developed significantly in the next decades, it wasn't until the 1970s that crisis-intervention began crossing over into the field of education. After the kidnapping of a busload of children in Chowchilla, CA, a school system found itself without the knowledge and skills necessary to provide support services to the victims. After 27 hours, all children escaped and were returned to their families without any form of emotional support in response to their experiences. Research conducted 5 years after the incident indicated long-term psychological effects in all survivors of the kidnapping (Brock et al. 2001, Pitcher & Poland 1992).

Since the incident in Chowchilla, various factors have motivated school systems to develop some form of crisis response plan: (a) an increase in violence in the schools, (b) children's exposure to large-scale national tragedies, (c) an increase in services that schools are legally obliged to provide to students, (d) a change in the role that school personnel play in supporting their students, and (e) the significant media coverage provided after a crisis, especially those involving children. During the 1999-2000 school year, 20% of all elementary and secondary schools experienced a serious violent crime.

Specifically, our nation's children were exposed to 61,700 incidents of serious violence within their school environment (Department of Education 2003). School shootings, kidnapping, suicide of teachers and peers, sexual assault, and natural disasters are only a few examples of the magnitude of trauma that children in our nation have experienced at school (Brock et al. 2001, Slaikeu 1990). Beyond direct personal experience, children in recent history have been exposed to large-scale national disasters such as the Oklahoma City bombing on April 19, 1995; and the terrorist attacks in New York City and Washington, D.C., on September 11, 2001. These acts of violence threatened the sense of safety and security of children across the nation and the world (Berson & Berson 2002).

Although the courts have generally supported the good-faith efforts of schools to provide a safe learning environment for their students, numerous court cases have been brought against school systems after crises (Feinberg & Jacob 2002). Schools are not likely to be held liable as long as they provide substantive intervention services. To ensure protection from violence and legal action, schools are encouraged to implement crisis prevention and response procedures. For example, the intervention component of a safe school plan should include written procedures to be followed in case of suspected violence, job descriptions of school personnel should include possible roles in crisis-intervention, those who are expected to play significant roles in the intervention process should be provided with verifiable training, and crisis response plans should be coordinated with local law enforcement (Feinberg & Jacob 2002).

All school personnel have assumed a greater role in developing and supporting students' emotional well-being. Teachers actually may have the greatest responsibility,

because they have the most consistent and direct contact with students. Although not explicitly trained to provide emotional support, teachers must interact with students before the arrival and after the departure of mental health professionals. After the terrorist attacks of September 11, 2001, teachers were encouraged to support students' emotional reactions, respond to questions regarding a great breadth of issues (e.g., safety, terrorism, racial differences), and alter their lessons to address student concerns while continuing to teach required curriculum (Berson & Berson 2002).

As media technology becomes more sophisticated, our society is exposed to greater detail, and more realistic images, related to all topics covered in the news. Improvements in the level of media coverage have presented benefits as well as disadvantages. For example, images historically available only in written (e.g., newsprint) or spoken (e.g., radio broadcast) form are now vividly projected into our homes (e.g., live footage of the World Trade Center terrorist attacks). These images can be particularly harmful because visual images have a greater impact on children than other forms of information. It is difficult to filter out all such images from our children's view; therefore they are forced to deal with the reality of extreme pain experienced by strangers thousands of miles away (Thornburg 2002, Maeroff 2000).

Presently, there is a critical need for crisis prevention and intervention programs in our schools. As programs continue to develop, school personnel must be prepared to provide these services to students. The progression of the theory and practice of crisis-intervention today can be traced back to the early 1940s and the foundational work of two psychologists: Eric Lindemann and Gerald Caplan. Effective assessment of crisis-

intervention programs present in community agencies and schools today requires comprehension of this seminal body of work.

A review of the development of school crisis-intervention programs over the last 30 years also is relevant to understanding the role educators are expected to play in response to crises. Efforts must be made to prepare teachers to willingly and effectively support children's emotional needs. Fortunately, several training methods have been developed to prepare people to provide emotional support. Some approaches simply distribute crisis-response documents, and present lectures on crisis-intervention. Others use a more interactive training format, including short lectures, activities, and crisis response simulations.

This chapter reviews the earliest work in crisis-intervention relevant to preparing teachers to respond to crisis, discuss the development of crisis-intervention programs in the schools, and discussed of different approaches to crisis-intervention training.

The Work of Eric Lindemann

In the early 1940s, a fire at the Coconut Grove nightclub killed 493 people, leaving survivors, family, and friends in various states and stages of crisis. Lindemann (1944) provided psychological assistance to those left to grieve, and noted the common characteristics and stages in the recovery process. He documented his observations, and summarized findings on human reaction to loss, which became the "fundamentals of 'crisis theory' as a conceptual framework for preventive psychiatry" (Caplan, 1964, p. 10). He noted five main characteristics of grief: (a) somatic distress (e.g., disruption of normal sleep, loss of appetite), (b) preoccupation with the image of the deceased, (c) guilt, (d) hostile reactions, and (e) loss of patterns of conduct.

Lindemann (1944, page 143) said people commonly avoid the intense pain caused by the loss of a loved one, and most people who effectively grieve do so with much effort:

> The duration of a grief reaction seems to depend upon the success with which a person does the *grief work*, namely, emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships. One of the big obstacles to this work seems to be the fact that many patients try to avoid the intense distress connected with the grief experience and to avoid the expression of emotion necessary for it. (p.143)

Lindemann (1944) acknowledged the role and value of religion in an individual's grieving process. Many grieving people find comfort in their relationship with a church. Although the belief that the loss has served a divine purpose, and that the survivor and the deceased will have the opportunity to resolve any conflict when they meet again is helpful, spiritual comfort will not itself suffice. To return to a state similar to a pre-crisis state, grieving clients must actively participate in all of the stages of grieving while in therapy. Grieving persons must (a) accept the pain of bereavement; (b) review the relationship shared with the deceased; (c) consider the future as it will be without the deceased; (d) work through intense emotions that may feel abnormal or insane; (e) express the intense sorrow related to the loss in various ways, one of which must be verbal; (f) reformulate the relationship with the deceased; and (g) rely on those around them (i.e., significant others) for help in acquiring new patterns of conduct for their lives (Lindemann 1944).

During therapy sessions, the grieving client may direct anger toward the therapist. In reaction to an angry outburst, the client may avoid further contact with the therapist, ending the relationship. Lindemann (1944) suggested asking a significant other (e.g.,

social worker, minister, family member) to help out in this situation by encouraging the client to continue with therapy. He found that when clients became willing to face their grief, although admittedly a difficult task, they experienced "rapid relief from stress." As therapy progressed, clients became more animated in their discussion of the deceased and were able to begin facing the changes necessary in the future. Contrary to common observations by psychiatrists, Lindemann found that in response to most grief situations that were not somehow distorted, clients progressed to a more settled state within 4 to 6 weeks of therapy. Lindemann's (1944) work in personal crisis led him to establish the Wellesley Human Relations Center where he began working with another psychologist, Gerald Caplan (Pitcher & Poland 1992).

The Work of Gerald Caplan

Straying from Lindemann's view of crisis as a personal, unpredictable situation, Gerald Caplan viewed crisis from a developmental perspective. Basing his theory of crisis on Erikson's theories of lifespan development, Caplan believed crises were predictable developmental "tasks" that occurred at certain stages in life (Pitcher & Poland 1992).

In his book, Principles of Preventive Psychiatry, Caplan (1964) theorized that personal crises result when an individual has difficulty moving from one stage of life to the next. A crisis occurs when an individual's difficulty dealing with a problem is compounded by the level of importance assigned to the problem. Caplan explained that, in this state, an individual's normal approaches to problem solving no longer work. During or immediately after a crisis, people are less able to cope as they normally do (Caplan 1964).

Tension during this phase will rise to either one single peak or rise and fall in several smaller peaks. Effects of tension depend on the duration and intensity of a situation. Caplan (1964) identified four phases in the rise of tension:

- Phase 1 – during the initial rise in tension an individual will attempt to use normal approaches to problem solving.
- Phase 2 – when unsuccessful at solving problems, tension will rise to a level that causes a loss of usual functioning.
- Phase 3 – a further rise in tension causes an individual to use extra energy, external resources, and try less common or novel approaches to problem solving. If the problem is solved at this point, an individual may feel stronger and capable of readapting to life.
- Phase 4 – if the problem is unsolvable or unavoidable, the tension will increase to a point of significant dysfunction.

High levels of dysfunction, according to Caplan, can lead to mental illness. His theory redirected the field of mental health toward a preventive rather than reactive approach to crisis-intervention (Caplan 1964).

Caplan's belief (that crises are developmental in nature) suggests that the stages of crises are predictable. Therefore, clinicians should prepare individuals for the upcoming crisis and, it is hoped, avoid mental illness (Caplan 1964). For this reason, primary prevention is a significant part of Caplan's theory (Pitcher & Poland 1992). In preventive crisis-intervention, mental health professionals work with community members from related fields to identify, assist, and refer those who are faced with an approaching crisis (and potential mental illness). Caplan (1964) called on the participation of community professionals such as school counselors, teachers, nurses, and clergy. This preventive approach to intervention is called Mental Health Consultation and involves one or more consultants working with any number of clients (Caplan, p. 95).

This was the beginning of community psychology, and the foundation for what has become the school psychologist's role in crisis-intervention (Pitcher & Poland 1992).

Mental Health Consultation involves a three-part approach. Primary care, or prevention, focuses on reducing the incidence of crises. Secondary care (or intervention) involves providing assistance to individuals while in crisis. The purpose of tertiary care (sometimes called postvention) is to reduce the long-term effects of the crisis on the individual and significant others, such as family members and friends. Primary prevention involves identifying individuals who may be in danger of crisis (and thus mental illness). Community and mental health professionals also work to determine groups at risk for specific crises, based on such characteristics as gender, race, religion, and socio-economic status (Caplan 1964). Programs then are developed to prevent the crises from occurring, by having the prevention message delivered by a community member (e.g., a male role-model from the inner-city encouraging avoidance of gang membership). Secondary prevention focuses on reducing the number of cases of mental illness. Early identification would be made possible by an effective referral process, and by reducing the barriers between public and mental health professionals. Another key point in secondary prevention is the use of effective treatment intervention through setting and striving for attainable goals. Tertiary prevention aims to reduce negative effects of the mental disorder once an individual has recovered from the crisis. Attention is placed on an individual return to a social and professional state of functioning more similar to the pre-crisis state.

The strengths of Caplan's crisis theory are as apparent as they are timely. Implications for his theory and practice are "so basic that virtually all writers in the field

rely on or adapt his major concepts" (Hoff 1998, p. 11). However, one significant weakness does exist as viewed by the field today. Caplan approached crisis-intervention theory from a medical model, and considered an individual suffering from acute crisis as mentally ill. Today, the tendency is to focus on the individual, the environment, and the specifics of the situation; and to consider the crisis a phase of life, requiring help from others. Examination of how school-based crisis-intervention programs are developed illustrates this point.

Crisis-intervention in the Schools

While crisis-intervention programs were originally developed in community-based settings such as mental health centers, the need to extend services to school settings has been evident for the past 30 years. It was both a logical and necessary decision to begin viewing schools as critical settings for crisis prevention and intervention programs. In fact, Peterson and Straub (as cited in Poland 1994) stated that schools have a legal obligation to develop plans to prevent and manage crises.

In the early 1970s, the city of Chowchilla, California was faced with one of the first school crises to gain national attention. A review of the incident and the response of the school system was compiled by Terr (as cited in Brock et al. 2001, Pitcher & Poland 1992). A busload of school children was kidnapped and buried for 27 hours. After their escape from the kidnappers, the children were not offered any form of crisis-intervention from the school or the community. Five years after the incident, 100% of the children involved in the kidnapping had clinical symptoms of depression, fear, or anxiety. Incidents like the one in Chowchilla (and changes in our society that have led students and educators to feel less safe in our country's schools) made it apparent that crisis-

intervention programs needed to become part of the school itself. Then, instead of being dependent on mental health professionals who are unknown to the students, school personnel could provide critical support.

Theory and Concepts

Recently, mental health professionals have begun specializing in crisis-intervention. Their knowledge has sparked the development of school-based crisis-intervention programs. Educators have taken the fundamental points of crisis theory (Lindemann 1944, Caplan 1964) and adapted them to work effectively in the school setting. For example, today crisis-interventionists from the fields of mental health and education agree that the term "crisis" is relative. The term is difficult to define, as it varies by model, but three points seem consistent (Pitcher & Poland 1992): (a) the perception of the individual defines a crisis; (b) the individual in crisis has a very difficult time negotiating life while in this crisis state; and (c) the crisis state is not seen, in itself, as psychopathology (nor is it chronic). One point that has held constant over 35 years is Gerald Caplan's (1964) explanation that emotional crisis is a state of "psychological disequilibrium" where the situation is not resolvable through usual methods.

Crises can come in many forms (including but not limited to suicide, death of a student or teacher by natural causes, murder, sexual assault, auto accidents, natural disasters, gang warfare, kidnapping, terrorist attacks in and outside the school, and national emergencies). Other forms of crisis that are not as apparent, but equally as real to the individual, are divorce of parents, moving away from friends or family, separation from parents, unsuccessful relationships, lack of desired social acceptance, or low grades. The severity of a crisis is relative to the individual who is experiencing it.

Whether a crisis is as apparent as a school shooting, or as personal as the divorce of parents, one model of crisis-intervention has been embraced by many prominent school crisis-interventionists (Brock et al. 2001, Sandoval 2001, Pitcher & Poland 1994). Slaikeu (1990) describes crisis-intervention as a two-step process: psychological first aid and short-term crisis therapy. According to Slaikeu, psychological first aid is the immediate response to a person in crisis, provided by those closest to the event. This support is relatively short-term, lasting between a few minutes and a few hours. Five steps are designated in psychological first aid: (a) make psychological contact, (b) examine dimensions of the problem, (c) explore possible solutions, (d) assist in taking concrete action, and (e) follow-up.

Support beyond psychological first aid is not necessary, for many who experience a crisis. Those requiring more significant support should be given short-term crisis therapy by a mental health professional. Crisis-intervention is intended to last no longer than 4 weeks (Everly & Lating 2004, Litz & Gray 2002, National Institute of Mental Health 2002). Because of their proximity to the students, school personnel will most often be in the position to provide psychological first aid and identify those in need of short-term crisis therapy (Slaikeu 1990). When a crisis occurs in the school setting, involving school personnel in these steps is appropriate and necessary to the effectiveness of the intervention (Brock et al. 2001). Development of crisis response procedures is an essential part of preparing schools to provide the best support to their students during a crisis (Brock et al. 2001, Pitcher & Poland 1994, Slaikeu 1990).

According to Brock et al. (2001), schools cannot avoid all forms of crisis (e.g., natural disasters, divorce of parents), but established crisis-intervention plans prepare

schools to provide the best possible support during a crisis. By 1990, most schools had developed crisis response procedures to be followed by school staff (Pitcher & Poland 1992). Although plans vary, crisis-interventionists in the schools have accepted some concepts as fundamental (many of which are common to the field of crisis-intervention in general((Pitcher & Poland 1992, pp. 28-29).

- Feelings of anxiety and helplessness in response to crisis are considered normal, not pathological.
- The focus of intervention is on quickly returning an individual to the "pre-crisis" state.
- Crisis-intervention should be short-term.
- The individual in crisis is discouraged from relying on the crisis-interventionist, as the goal is to help re-establish autonomy.
- By definition, the problem solving skills of an individual in crisis have been exhausted. For this reason, people in crisis are more likely to accept outside help.

Recommended Processes

According to Dunne-Maxim & Underwood (1991), crisis-intervention theory and practice has evolved into a multidisciplinary approach for providing mental health services to people in crisis. Team approaches to crisis-intervention call for a member of the school administration to serve in the leadership position and orchestrate the processes of preparation and response (e.g., school psychologists, school counselors). Other members of the school crisis response team may include internal members (e.g., teachers, counselors, administrators) and external members (e.g., clergy, law enforcement, local mental health professionals). Today, school leaders use Caplan's Mental Health Consultation model as a way to work with members of crisis-intervention teams, performing in a collegial rather than supervisory role (Erchul & Martens 1997, Pitcher &

Poland 1992). All crisis team members should be familiar with Caplan's model of mental health consultation (Poland et al. 1999).

Caplan's (1964) theoretical model of crisis-intervention as primary, secondary, and tertiary intervention has endured as the foundation for crisis-intervention. Poland et al. (1999) relied on Caplan's theories as a starting point for their theoretical model of school crisis-intervention, and they recommend that this model be used in developing crisis-intervention programs for individual schools. The primary and secondary components of intervention enable school systems to take a more proactive approach by working toward decreasing crises yet to occur (Poland et al. 1999).

Primary prevention programs encourage participation on the part of school personnel and students, by establishing a zero level of tolerance for preventable crises, such as violence. These programs encourage students to report concern regarding violent acts they hear about from peers. School personnel must commit to students that, unless it is a matter of critical importance (e.g., in reporting plans for committing violence), their identity will be kept confidential. Schools need to create an environment where students feel more secure and empowered to make a difference (Poland et al. 1999).

It is important for school staff to do a needs assessment before developing a crisis-intervention plan, and also on a continual-improvement basis (Brock et al. 2001). This needs assessment has definite roots in earlier theoretical works, such as those discussed earlier (Caplan 1964). According to Pitcher & Poland (1992), a school should consider the following questions in assessing their prevention programs:

- What about the school's surrounding community is of concern?
- Are there potentially violent students or parents?

- What systems of communication are available within and outside of school?
- What special training/skills do school staff members have (e.g., first aid, anger management, restraint training)?
- Are there school personnel experienced in communicating with media?
- What parental and community resources are available, and how should they be mobilized in a crisis situation?

When considering a secondary approach to crisis-intervention, a timely response reduces the long-lasting effects on individuals involved. Slaikeu (1990) suggests that teachers offer psychological first aid to all students, and determine students needing crisis therapy for possible referral to mental health providers within the schools. Schools should develop and practice response plans for location-specific crises (e.g., hurricane response in Florida, earthquake response in California), as well as crises common to schools in general (e.g., medical emergencies, possession of a gun by a student).

Additional steps are necessary when providing intervention to schools directly impacted by large-scale crises (e.g., natural disasters, violent attacks on school buildings). Recommended procedures for crisis-intervention should be followed only after the safety and security of survivors is established. Intervention service providers are encouraged to follow a three-step process: protect, direct, and connect. Of primary concern in a disaster situation is protecting survivors from further harm and exposure to traumatic stimuli. Victims need to be moved to a safe shelter (separated from stimuli they can see, hear, smell, and taste). Basic needs must be met (including medical attention, food, clothing, and rest). Finally, media and other curious onlookers must be denied access to trauma victims (especially children and adolescents). When protection has been established, intervention service providers should direct survivors toward establishing some form of

control over their environment. Following the lead of a person who is calm and in control can be a great relief to a survivor who may be stunned or in shock. Finally, it is time for responders to connect with the victims by establishing rapport through the use of verbal and nonverbal communication skills. This connection serves to establish a relationship between people, and may reduce some fears and anxiety of the trauma victims (Myers 1994, as cited in Young et al. 1999).

During tertiary intervention, schools are encouraged to offer students many opportunities to express their feelings. Sandall (as cited in Pitcher & Poland 1992) suggests that children encouraged to verbalize feelings and concerns regarding an incident recover more quickly and effectively from a crisis. For example, giving students an opportunity to speak with counselors or psychologists, or write letters to deceased individuals; or participating in art therapy, or bibliotherapy might encourage students to express themselves. Developing and implementing school crisis-intervention programs requires significant support in the form of time and money. Program evaluation is an important step in the attempt to ensure long-term commitment from supporters.

Program Evaluation

Crisis-intervention programs are a relatively new addition to the responsibilities assumed by school systems in the United States. Despite the pressing need for such programs at this point, quantitative support for the long-term effects of crisis-intervention programs is not available (Bates et al. 2002). This may be a legitimate result of a lack of school resources to collect data during such demanding times as the aftermath of a crisis. To effectively gather much-needed data, academic researchers may wish to set up relationships with schools in advance (stating that, in the event of crisis, the institution's

intervention resources will be provided in exchange for the ability to collect data during and after the process) (Brock et al. 2001).

The literature contains numerous qualitative accounts (i.e., case studies) of school personnel who (after having the unfortunate opportunity to use a crisis-intervention program to respond to an actual school crisis) attest to the value of having programs in place (Lamden et al. 2002, Hanna 1998). Journals in the 1990s published many crisis-intervention case studies, most falling into one of two categories: (a) articles describing a crisis experienced in a school; and (b) articles teaching schools about planning for and responding to crises. Unfortunately, none of these systematically evaluated the effectiveness of particular programs, or drew causal relationships between intervention programs and intervention outcomes (Bates et al. 2002).

Until more systematic research results are available, qualitative accounts provide insight into children's reaction to crisis, valuable components of existing programs, areas for improvement based on recommendations appearing in the literature, and possible structure for future quantitative research (Bates et al. 2002). For example, the Lower Camden County Regional School District, in New Jersey, describes the value of their crisis-intervention model by telling the story of bomb threats in a local high school (Hanna 1998). Their plan allowed the appropriate people to take on responsibilities, without confusion. Because of successful communication among students, teachers, administrators, and law enforcement, the eight students responsible for the threats were quickly caught, tried, and reprimanded. Hanna (1998) suggests that this prompt and organized response allowed the school to return to normal more quickly than would have otherwise been expected.

Paine (1999) recounts the day two students were killed and 22 injured by a student at Thurston High School in Springfield, Oregon. Earlier that morning, the same student had shot and killed his parents in their home. The school crisis team, school psychologists and counselors, volunteer counselors, and district and city personnel provided intervention services according to the Springfield Public Schools crisis-intervention plan. Adhering to the building level crisis response plan, students and teachers supplied immediate medical support until emergency personnel arrived. Remaining students and staff were in classrooms following lock-down procedures awaiting the signal designating it was safe to move around the building. District and city personnel set up "command central" and responded to questions and concerns from the public and media. Based on an annual contract among neighboring districts, psychologists and counselors from various public school districts and private mental health centers provided intervention and counseling support services. Prior to the return to school, students and parents were invited to visit the campus together, supported by counselors, district and school level administrators, and "comfort dogs." On the first day back to school, students attended class for half a day before attending a memorial service for their deceased classmates.

Because the murders were committed three weeks before the end of school, special steps also were taken when students and staff returned to school in the fall. For example, the cafeteria was painted and brightened to try to minimize reminders of the trauma, counseling services were provided to all who requested or were referred to them, and uniformed police officers were present throughout the school. "There are two types of schools: those that have had a major crisis and those that are about to." The author

identified greatly with this statement by Crisis Specialist Marleen Wong of the Los Angeles Unified School District. Before May 21, 1998, Thurston High School was a member of the former group, but now will forever pledge a haunting allegiance with the latter (Paine 1999).

In response to the suicide of a student in a small rural school district, Neuhaus (1990) was selected as one member of a 15-person crisis-intervention team. The team was forced to develop a crisis response plan from ground level because the district did not have one in place. Upon completion of this initial preparation, a student was injured in a serious car accident. The improvement in the district's response (compared to the aforementioned suicide) was apparent to teachers, administrators, and parents. The author stated this experience alone justified the time and money that must be committed to developing a crisis-intervention model for our country's schools (Neuhaus 1990).

Most agree the addition of intervention programs to the culture of American schools is a valuable and necessary step. Although agencies that assume responsibility for providing crisis-intervention in a community and roles of particular players have changed, much of the core of early crisis-intervention theory seems to remain untouched. Researchers and theorists taking an active role in crisis-intervention today (e.g., Brock et al. 2001, Sandoval 2002, Slaikeu 1990) continue to build upon the earliest works in crisis-intervention (Brock et al. 2001). In fact, the foundation of crisis-intervention in the schools today is made up of the theory and practice of Lindemann (1944) and Caplan (1964) and the requirements and limitations set out by the American education system. Any significant differences between Lindemann's (1944) approach to crisis and the theory and practice of crisis-intervention in schools today seem to be developmental in

nature. For example, Lindemann (1944) described the importance of giving an individual in crisis the opportunity to express the intense sorrow related to their loss in various ways. Teachers now are encouraged to provide children in crisis with a variety of opportunities for creative expression including: bibliotherapy, art therapy, and in class discussion (Pitcher & Poland 1992).

The Role of Teachers

Although the provision of emotional support to students in crisis may not be an explicit job responsibility for teachers, it has become implicit in American schools. Teachers play a role in every crisis experienced by their students. Whether the crisis is on a large or small scale, our schools assume the responsibility of caring for students' emotional and safety needs on a daily basis. Teachers establish relationships with students; understand a student's normal personality, behavior, and performance; and in many cases, second only to parents, have the most consistent contact with students.

Development of successful crisis-intervention models relies on the consistent involvement of teachers (Lamden et al. 2001). The essential nature of a teacher's role in crisis-intervention in schools becomes apparent when considering crisis theory as set out by Lindemann (1944) and Caplan (1964). According to Lindemann (1944), crisis-intervention involved providing four to six weeks of crisis therapy in which the victim was actively involved in facing intense levels of pain. Today, it is recommended that crisis-intervention and therapy occur within four weeks of the crisis (Everly & Lating 2004, National Institute of Mental Health 2002). Unfortunately, most professionals trained in crisis-intervention (e.g., school counselors, school psychologists) can provide much less than four weeks of support because other duties take them away from

continuous contact with the students. However, teachers continue to have contact with students throughout the school year and, when prepared, may play a more critical role in providing emotional support and eventually returning students to pre-crisis states.

Secondary intervention is provided during a crisis situation. In a school system, teachers, administrators, school counselors, and school psychologists familiar with the students often provide immediate care. This period of intervention usually lasts no longer than a week. Students are allowed to express their feelings, participate in memorial services, and take an active role in putting the pieces back together. Teachers are encouraged to openly discuss their own reactions with their students. It is important that teachers give students permission to express a wide range of emotions (e.g., nervous laughter, indifference, anger) in reaction to a crisis (Poland & McCormick 1999).

In the event of a crisis, teachers are with students before mental health professionals arrive and after they leave. Teachers are in the best situation to provide emotional support because they often have the most direct contact with students during all stages of crisis response. Poland and McCormick (1999) estimate teachers will be able to help 95% of their students after a crisis. Therefore, the responsibility for providing emotional support and identifying those at risk for experiencing long-term negative effects of the crisis (the remaining 5%) is often placed on individual teachers. By understanding the theory of crisis-intervention and developing crisis-intervention skills, teachers can feel more confident in the role they assume before, during, and after a crisis event (Brock et al. 2001, Slaikeu 1990).

Today, intervention programs stress the need to provide emotional support to people in crisis (i.e., psychological first aid) through active listening, naming the taboo

subject (e.g., suicide, sexual assault, divorce) as soon as it becomes apparent, and remaining nonjudgmental (Alachua County Crisis Center Training Manual 2001). Providing psychological first aid can decrease an individual's anxiety level and develop rapport between the teacher and student (Slaikeu 1990). Teachers have the most consistent, direct contact with students. This provides teachers a great opportunity to provide emotional support by observing signs of crisis (i.e., changes in behavior, mood, school performance), using pre-established rapport to speak with the student about their problems, and naming taboo subjects.

Following the terrorist attacks on the United Stated on September 11, 2001, teachers in classrooms across the nation were required to provide emotional support to their students. Berson and Berson (2002) encouraged teachers to take an active role in supporting students following large-scale crises by: (a) identifying and talking about feelings, (b) addressing fears, and (c) developing positive coping skills. Teachers are in an ideal position to incorporate these activities into group discussions and lessons (e.g., writing, social studies, art). Several lesson plan programs have been developed to assist teachers in weaving crisis experiences into their required curriculum (e.g., Facing Fear: helping young people deal with terrorism and other tragic events). According to Berson and Berson (2002), teachers must be emotionally available to their students, respond to student questions, be accepting of the range of emotions, and identify children at risk for long-term psychological trauma. Only through training will teachers develop the skills necessary to facilitate this level of emotional support for their students while managing their personal responses to a crisis situation.

Taylor et al. (1991a) studied the effects of crisis-intervention training on elementary and secondary school teachers taking graduate-level education courses. Training content included identifying life events likely to cause psychological distress in children and the use of a five-step intervention process. The five steps included in this training were (a) establishing rapport, (b) exploring the problem, (c) assisting in the development of possible solutions, (d) providing guidance for taking action to resolve the problem, and (e) follow-up with the individual in crisis. Ten months after the completion of training a questionnaire was distributed to the treatment group and a control group of teachers who had not participated in the training. Questions explored self-perceptions of ability to identify the need for crisis-intervention services and provide appropriate intervention support. Teachers who participated in training reported significantly higher rates of self-efficacy in both areas when compared to teachers who had not participated.

Unfortunately, all teachers do not receive formal crisis training during pre-service education. Nims & Wilson (1998) surveyed 350 administrators from colleges and universities regarding violence prevention and crisis response training in teacher preparation programs. Surveys queried whether their formal (i.e., college and university curriculum) training programs included these specific topics: conflict resolution, peer mediation training, crisis response, gang awareness, classroom strategies for disruptive behaviors, violence de-escalation, and knowledge of search and seizure procedures. Results indicate little preparation is provided during formal teacher training. Only 44% of respondents reported having courses that discuss these topics within their curriculum. Fewer than half believed a change in the curriculum to provide crisis-intervention training was necessary (Nims & Wilson 1998).

Taylor et al. (1991b) examined the extent and type of training provided for teachers in crisis-intervention and response. Forty-five percent of teachers in the study reported having no crisis-intervention training, while those that received training report it was not part of their formal education. In contrast to the limited crisis-intervention training teachers receive, the majority (71%) reported they are required to recognize students in need of intervention services. Beyond recognition, most teachers state it is their responsibility to report children to the appropriate professional (e.g., school counselors, school psychologists), while some are required to deliver the crisis-intervention services themselves. Teachers who received training reported significantly higher self-perceptions of ability to recognize and deliver crisis-intervention services than teachers who had not received training. Results of this study indicate the need for training teachers to both recognize students in crisis and deliver intervention services.

Crisis-intervention training in the Schools

Although helpful, years of professional training in topics such as psychopathology, learning theory, and personality dynamics are not necessary to provide crisis-intervention services (Brock 2001, Joint Commission on Mental Illness and Health 1961, Pitcher & Poland 1992, Slaikeu 1990). Leaders and developers of intervention teams often attend training workshops lasting for several days or weeks (i.e., American Association of Suicidology, National Organization of Victim Assistance). These individuals return to their schools or school districts and distribute information to intervention team members during meetings or workshops (Brock et al. 2001, Poland & McCormic 1999).

Based on information accumulated in workshops and numerous books written to assist schools in developing crisis response teams, procedures often are distributed to school staff members. Individual documents are assembled for each role in a school setting (i.e., teachers, principals, counselors) specifying their responsibilities in the event of crisis. Further training, if offered to educators who are not part of the school's crisis team, may be presented during in-service training.

Individuals in crisis require immediate emotional support (i.e., psychological first aid). In schools, all personnel (i.e., teachers, administrators, counselors, bus drivers) may find themselves in a position to provide this support to students, as immediate availability of mental health professionals cannot be assumed (Brock et al. 2001, Slaikeu 1990). Because this, "…home-spun emotional first aid is typically delivered without training…" school personnel would benefit from basic training in the emotional support of children and adolescents in crisis (Pitcher & Poland 1992, p. 5).

The time to train school staff to respond to crisis is not during the crisis, but during a state of equilibrium. All educators need to be prepared ahead of time to cope with their own emotions, emotions of students, and emotions of other staff (Brock et al. 2001).

> The more individuals are educated regarding what reactions to expect and what reactions are normal, and . . . what . . . is expected of them, the more effective they are likely to be in overriding their own emotional reaction and maintain a focus on constructive methods to cope. (Pitcher & Poland, 1992, p. 157)

Unfortunately the need for training in crisis-intervention can place added strain on teachers' overwhelmed schedules. Training sessions should be designed to present the most necessary information in the most effective way possible.

Slaikeu (1990) developed a psychological first aid training program that can be easily adapted to apply directly to teacher training. He recommends the 20-hour course be presented during an all-weekend retreat, a three-day in-service, or in 10 sessions of 2-hours each. Course content is presented through lectures and interactive small-group activities and divided into two main sections. Module one lasts between one and three hours, depending on the group's previous knowledge and experience in the field of emotional support and crisis-intervention. Small groups are asked to discuss the range of symptoms related to a personal experience with crisis. Returning to the large group, the facilitator compiles a list of all symptoms and behaviors on the board. Finally, the group determines whether the symptoms are affective, behavioral, or somatic. This exercise is followed by a short lecture presenting the basic history of crisis theory and intervention. Module two consists of 17 hours, primarily in small-group exercises. The content is divided into three main parts: (a) knowledge of the stages of psychological first aid; (b) development of basic psychological first aid skills (i.e., appropriate statements and questions); (c) and using psychological first aid skills to provide support, reduce lethality, and mobilize resources. Small-group exercises used to develop knowledge and skills in module two consist primarily of role-plays created to apply to the trainees' specific work setting. Slaikeu (1990) recommends questions and further training needs be addressed through supervision, peer conversations, and independent reading.

Brock (in Brock et al. 2001) developed an intensive two-day crisis-intervention in-service training program for school personnel. The course is to be presented in two, six-hour days by two or more facilitators and a facilitator/participant ratio of no more than 1:15 and no less than 1:7. The content of the training is presented in a format

combining lectures and small-group activities and is divided into four main sections (i.e., sections one and two are lecture, sections three and four are interactive). First, a case is presented for the importance of training all school staff members. Facilitators discuss the prevalence of crisis in school settings as well as why people are motivated to participate in training. The second section presents relevant information regarding crisis-intervention theory and practice. Included in this section is a discussion of factors that make certain individuals at greater risk for severe emotional reaction to a crisis (e.g., personal history, recent loss). The final two sections focus on development of individual and group crisis-intervention skills.

Following training, Brock (in Brock et al. 2001) recommends participant evaluation to determine the level of participants' knowledge and attitude toward their own skills and those of their colleagues. The measure of attitude can indicate how well prepared an individual and group is to provide services for which they have been trained. Brock recommends use of a questionnaire to survey participants' level of knowledge and attitude. Changes in knowledge and attitude should be determined using either a pre-test/post-test design with all participants or a post-test only design with participant and control groups. Sample questionnaire and evaluation design suggestions were provided absent of any quantitative or qualitative data supporting the success of this program.

Brock et al. (2001) suggest that on-going training should be provided to as many members of a school's staff as possible. Training should be offered annually to prepare new staff members, while improving upon the skills of school veterans. Pairing new and experienced staff together for training and mentor programs is as beneficial for the novice as for the veteran staff member. The skills of those with experience can be improved

upon significantly by helping to guide someone through an initial training and development process.

Similar to school systems, training programs for crisis centers in the United States must present large amounts of information in the most effective ways possible. Many crisis centers rely on volunteers to provide crisis-phone counseling services; therefore time dedicated to adequate training competes with the need for phone support. Centers often use an approach similar to Slaikeu (1990) and Brock's (in Brock et al. 2001) to prepare counselors, which incorporates a combination of short lectures, small group exercises, and role-plays.

Measuring Effectiveness of Crisis Responders

Even with implementation of school crisis prevention programs, history has repeatedly indicated we cannot protect our children from exposure to all crisis situations (Brock 2001). Therefore, it is necessary that school staff members be prepared to provide psychological first aid to students. Teachers are in a prefect position to provide this support because they have established relationships and constant contact with their students. However they require training to develop the necessary knowledge, skills, and self-confidence to support students and identify those in need of crisis therapy. Current demands placed on teachers in and outside the classroom limit the amount of time available for training and development. Programs must be developed to ensure proper levels of training are provided in the shortest possible amount of time. As with many crisis-intervention programs, measuring the effectiveness of training is often reliant on indications that a change has occurred in attitude toward providing emotional support to people in crisis (e.g., Brock 2001, Taylor et al. 1991a), level of empathy (e.g., Alachua

County Crisis Center 2001), and the transfer of knowledge and skills from the learning environment to real-life situations (e.g., Alachua County Crisis Center 2001, Brock 2001).

Attitude

In the field of psychology, attitude is defined as the perceptual orientation and response readiness of a person or a group of people in relation to something or someone. Furthermore, an attitude is a relatively fixed perspective that endures over time, but which can be altered with experience. Finally, attitudes are beliefs that are evaluative or affective in nature (Eysenck et al 1982).

Empathy

In the last one hundred years, empathy has been identified as a significant component of what makes therapy and counseling work. The term empathy, originally coined by Titchner (1909) has assumed various definitions ranging from a personality trait (Danish & Kagan 1971) on one end of the spectrum to a situation specific cognitive-affective state (e.g., Barrett-Lennard 1962) on the other. More recently, research related to the construct of empathy has begun to decrease, largely due to the fact that researchers and theorists have not, as a group, agreed to a single definition of empathy (Duan & Hill 1996).

Transfer of Knowledge and Skill

By definition, knowledge is familiarity with the facts related to a particular topic. Skill is defined as a person's ability to execute a desired task or string of tasks (Webster's Dictionary 1984). In applied settings (e.g., counseling, teaching) an individual's ability to transfer acquired knowledge and skill from the classroom to the real world setting must

be measured. Countless theorists, researchers, and practitioners in the fields of education and cognitive psychology have worked toward effectively defining and assessing our ability to prepare students to transfer what they have learned in an educational setting to his or her future as a member of society. These theories consider whether a person can effectively apply knowledge and skills accumulated in a learning environment to novel situations or settings (Bransford & Schwartz 1999).

Research Question and Hypotheses

In the last 30 years, schools have become increasingly aware of the need to prepare their staff to respond effectively in the event of crisis. Within their own school setting children have been directly exposed to crises such as kidnapping (e.g., Chowchilla, CA) and numerous school shootings (e.g., Jonesville, AR, Columbine, CO). The past ten years also have provided unfortunate examples of national disasters that have caused crisis reactions from students across the country (i.e., Oklahoma City Bombing, the terrorist attacks of September 11, the war in Iraq). It is impossible to predict most crises, whether they are on a large (i.e., school shooting, suicide of a student) or small scale (i.e., sexual assault, loss of a loved one). What we can forecast is the intense emotional reaction exposure to crisis will cause. Primary (i.e., prevention), secondary (i.e., intervention), and tertiary (i.e., post-vention) programs have developed in schools across the nation in response to the growing need to provide a safe and supportive environment to students. As the need for provision of emotional support to students in crisis becomes more frequent, school personnel must assume a greater responsibility to provide such services (Berson & Berson 2002, Brock 2001, Pitcher & Poland 1994, Sandoval 2001, Slaikeu 1990).

Current crisis-intervention programs have grown from the seminal works of Lindemann (1944) and Caplan (1964). Schools are encouraged to develop a team to lead the response in the event of a school crisis including internal (e.g., administrators, counselors, psychologists, teachers) and external (e.g., law enforcement, clergy, private mental health providers) members. The team prepares by reading current literature, attending conferences and workshops, and participating in crisis-intervention drills (Brock et al. 2001, Pitcher & Poland 1992). When crises occur, teachers are with their students before the team arrives and after they leave. Effective intervention requires immediate psychological first aid for the majority who experience a crisis and referral for individuals who require more extensive support. Because of the established relationships with and proximity to their students, teachers serve a critical role in response (Slaikeu 1990). Few teacher-training programs provide the necessary preparation to deliver the required level of emotional support (Taylor et al. 1991a). Therefore, it is imperative that effective programs be created to aid teachers in the development of necessary knowledge, skills, and self-confidence.

Based on the need for teachers to be trained in providing emotional support, finding the most effective approach to prepare teachers to provide this support to students becomes relevant. This study will investigate whether pre-service teachers report a difference in attitude, empathy, and transfer of crisis-intervention knowledge and skills related to the provision of emotional support to students in crisis as a result of different forms of training: individual reading, lecture, or interactive format.

The following null hypotheses were investigated:

- $H_0$1: There will be no significant difference in attitude toward the provision of emotional support to students in crisis of pre-service teachers between the groups receiving training presented in an individual reading, lecture, or interactive format.

- $H_0$2: There will be no significant difference in level of empathy of pre-service teachers between the groups receiving training presented in an individual reading, lecture, or interactive format.

- $H_0$3: There will be no significant difference in transfer of crisis-intervention knowledge and skills of pre-service teachers between the groups receiving training presented in an individual reading, lecture, or interactive format.

CHAPTER 3
METHODOLOGY

Participants

One hundred seventy-seven students, preparing to teach kindergarten through 12th grade, participated in our study. Each of the 177 participants was enrolled in the five-year (i.e., undergraduate plus one year graduate training) pre-service teaching program (PROTEACH) at the University of Florida. Participants were recruited by class enrollment in seven upper-level courses in the University of Florida's PROTEACH program. Participation was voluntary and participant consent was obtained in writing before the data collection began. There was no compensation for participation in our study.

The decision was made to use students from the pre-service training program, rather than teachers presently working in the schools, to improve the external validity of our study. By using these participants, the researcher controlled for years of teaching experience, prior experience with the provision of emotional support to students in crisis, and prior participation on school-based crisis-intervention teams.

Procedure

The researcher prepared 10 counselors (i.e., crisis phone counselors) from the Alachua County Crisis Center (ACCC) to provide crisis-intervention training in the seven classes selected for participation. To prepare the counselors to become facilitators, the researcher conducted a two-hour session presenting content and dialogue for each of the

treatment groups used in our study. Counselors also were presented with similarities to and differences between their roles as crisis phone counselors and the participant's future roles as classroom teachers. Each counselor previously completed the 60-hour ACCC phone counselor training program and had at least six months experience as a crisis phone counselor at the ACCC.

Approximately one week after the training session, the trained counselors conducted the designated crisis-intervention training course in the seven classes. Within each selected class, two or more prepared ACCC counselors facilitated a crisis-intervention training program depending on class size and the specifics of the particular training format.

Seven intact PROTEACH classes were randomly assigned to each of the three treatment groups investigated in our study (a) training using an individual reading format, (b) training using a lecture format, (c) training using an interactive format. Average class size was 25 students and the seven classes ranged in size from 16 to 55 students. A total of 63, 59, and 55 participants were assigned to each the reading, lecture, and interactive groups, respectively (Table 3-1). Each class participated in a designated training program lead by a trained counselor. The content of the program was consistent across all three groups, with variations only in the format of presentation. Content presented included crisis-intervention theory, personalizing crisis, paraphrasing, and naming taboo subjects.

Participants in the reading group spent 45 minutes reading about crisis-intervention including a discussion of crisis-intervention theory, personalizing crisis, paraphrasing, and naming taboo subjects (Appendix A). At the end of 45 minutes, all participants completed the three post-test instruments.

Table 3-1. Description of the Three Treatment Groups Used in the Study

Group	Treatment	Dependent Variables
Reading	45 minute individual reading on crisis-intervention in the schools	Posttest
Lecture	45 minute lecture on crisis-intervention in the schools	Posttest
Interactive	45 minute interactive workshop on crisis-intervention in the schools	Posttest

Lecture group participants listened to a 45-minute lecture on crisis-intervention including a discussion of crisis-intervention theory, personalizing crisis, paraphrasing, and naming taboos (Appendix B). The lecture involved the counselor speaking to the group and asking simple questions. Any questions asked by the participants were answered by the presenting counselor and documented by the assisting counselor. Allowing questions was appropriate because in a lecture setting, asking questions is common as listeners find the need for clarification on a topic. At the end of the lecture, all participants completed the three post-test instruments.

The interactive group participated in an interactive workshop that involved the same topics as the reading and lecture groups (Appendix C). The lead counselor briefly introduced the training session and provided a 5-minute lecture on crisis-intervention theory. Participants then were assigned randomly to smaller groups of equal size not exceeding 10 participants per group. The division into smaller sub-groups created a more interactive learning environment by allowing individuals to participate more frequently during training. A counselor led each group, introduced topics, and set up activities intended to improve understanding of specific concepts. Concepts addressed through

activities were personalizing crisis, paraphrasing, and naming taboos. The remaining concepts (i.e., empathy vs. sympathy, paraphrasing vs. other modes of response, and steps in crisis-intervention) and any questions asked by participants involved discussions including all group members. Allowing questions was appropriate because, similar to a lecture setting, questions are a natural part of the learning process in interactive workshop settings. In fact, asking questions in a small, interactive learning environment is usually less formal than in a lecture format as all participants are encouraged to play a role in the process. At the end of the interactive workshop, participants in the interactive group completed the three post-test instruments.

All participants completed the same three instruments during the post-test phase of the study Teachers Perceived Self-Efficacy Related to Adolescent Suicide Questionnaire (TPSE), Relationship Inventory (RI), and Applied Knowledge of Crisis Skills (AKCS). The decision to use only post-test measures, rather than pre-test and post-test measures, was based on the belief that a decrease in time required for participation would lead to an increase in validity of participant responses. Since three treatment groups were involved, effects of training on attitude, empathy, and applied knowledge of crisis skills was based on between-group differences in post-test responses rather than within-group differences from pre-test to post-test.

Training Program

The content of the interventions was adapted from the ACCC 60-hour phone counselor training program. The four main topics included in the content of the three interventions were (a) crisis-intervention theory, (b) personalizing crisis, (c) paraphrasing, (d) and naming taboo subjects. These topics were selected for two main

reasons. First, the topics are the foundation upon which the ACCC training is built and all subsequent training and experience at the ACCC can be categorized under one of these four major headings. Second, as discussed in the literature review, these topics are directly related to crisis-intervention in most settings (i.e., crisis centers, counseling centers, schools).

Crisis-intervention Theory

This section provides a detailed outline of the training program used in the study. The specific content of the three training groups is provided in the appendices (Appendix A, B, C).

The discussion of crisis-intervention theory can be found in the text of all three interventions under the headings What is a Crisis, The Role of Teachers in Crisis-intervention, Steps in Crisis-intervention, and Empathy Versus Sympathy (Appendix A, B, and C). The first subtopic, What is a Crisis, defines crisis as relative to an individual and provides examples of large- (i.e., apparent) and small-scale (i.e., less apparent) crises. Next, The Role of Teachers in Crisis-intervention, discusses a teacher's responsibilities to students in school in the event of large- and small-scale crises. When small-scale crises occur (e.g., divorce of parents), teachers are often most qualified to identify the need for emotional support. The third sub-topic, Steps in Crisis-intervention, presents steps followed in crisis counseling as they relate to a school's legal responsibility to students. Finally, Empathy Versus Sympathy defines the terms, and provides the importance of using empathy to establish rapport in crisis response (ACCC 2001).

Personalizing Crisis

The second main topic of the interventions, personalizing crisis, asks an individual to identify a crisis that they have experienced in their lives. This helps people identify key points in crisis response through personal experience, rather than theory. Members of our society desire to make people feel better, to remove them from their crisis state. However, without the opportunity to experience and express intense emotions elicited during a crisis, an individual will be unable to move beyond the crisis (ACCC 2001).

Paraphrasing vs. Other Modes of Response

Five main approaches to responding to other people are introduced in this section (a) giving advice, (b) interpreting, (c) supporting, (d) probing, and (e) paraphrasing. While the first four approaches are presented for comparison sake only, in-depth discussion of paraphrasing is provided in the intervention. In crisis response, paraphrasing is the most effective at building rapport between two people while determining whether the listener correctly understands what the speaker is saying. Three types of paraphrasing are presented including the paraphrasing of facts, feelings, and emotional content.

Naming Taboo Subjects

Many crisis topics are not easily discussed in our culture. Such subjects are referred to in ACCC training as taboo subjects (e.g., incest, abuse, AIDS). By identifying an unnamed topic being alluded to between two people, the listener communicates that they are free to discuss the topic without fear of judgment or punishment. The most

effective way to acknowledge the taboo subject a student seems to be hinting at is through paraphrasing (ACCC 2001).

Instrumentation

The effectiveness of the three intervention approaches (i.e., reading, lecture, interactive) was assessed using three dependent variables (a) attitude toward provision of emotional support during crisis, (b) empathy, and (c) transfer of crisis-intervention knowledge and skills. Attitude was measured using the Teacher's Perceived Self-Efficacy Related to Adolescent Suicide Questionnaire (TPSE), and empathy was measured using the Relationship Inventory (RI). A description of modifications is presented in subsequent sections. Transfer of crisis-intervention knowledge and skills was measured using the Applied Knowledge of Crisis Skills (AKCS). The researcher developed this instrument because a suitable measure was not found in the literature.

Measuring Attitude Using the TPSE

For the purpose of our study, the definition of attitude will be restricted to the perspectives of pre-service teachers on their perceptual orientation and response readiness in relation to providing emotional support to children in crisis. Emotional support is defined as giving permission and encouraging students to express a wide range of emotions in reaction to crisis. It is expected that pre-service teacher attitudes are relatively fixed, but may be altered as a result of participation in training. Finally, attitudes are expected to be evaluative or affective in nature. To measure attitude our study considered (a) pre-service teachers' self-perceived ability to provide emotional support to children in crisis, (b) the results he or she expects when emotional support is provided, and (c) whether he or she believes the results of providing emotional support

could be worthwhile. These three constructs align closely to Bandura's model of self-efficacy (Table 3-2), derived from social cognitive theory.

According to Bandura (1977), self-efficacy determines whether a behavior will be exhibited, how much effort the individual will place on the successful completion of the behavior, and how long the individual will persist in an effort to complete the behavior. There are three major components of self-efficacy according to Bandura efficacy expectations, outcome expectations, and outcome values. Efficacy expectations are the beliefs that a person has related to his or her ability to successfully perform a given behavior. Stronger efficacy expectations indicate a person is more likely to persevere in the face of difficulty to successfully perform the task. Outcome expectations are specific outcomes an individual expects when a behavior is completed. Finally, outcome values are the worth or significance an individual places on expected outcomes of a given behavior (Bandura 1977).

King et al. (1999) developed the TPSE to assess teachers' level of self-efficacy when working with suicidal adolescents (Appendix E). The TPSE is a 45-item questionnaire that asks teachers to respond to questions using a 7-point Likert-type scale with response options ranging from 1 (strongly disagree) to 7 (strongly agree). The 45 items comprise three subscales measuring (a) teachers' efficacy expectations, (b) outcome expectations, and (c) outcome values as they relate to working with suicidal adolescents.

Reliability and validity information for the instrument indicates that the TPSE is technically adequate. King et al. (1999) established test-retest reliability by distributing the TPSE to a convenience sample of 10 people on two occasions separated by one week,

and correlating the scores obtained from the two administrations. The obtained Pearson correlation coefficients were 0.71, 0.63, and 0.67 for the efficacy expectations subscale, outcome expectations subscale, and outcome values subscale respectively. King et al. (1999) also estimated reliability by computing Cronbach's alpha (Traub 1994, Crocker & Algina 1986) for a sample of 186 individuals. The obtained values of Cronbach's alpha were 0.84, 0.89, and 0.60 for the efficacy expectations subscale, outcome expectations subscale, and outcome values subscale, respectively (King et al. 1999).

Table 3-2. Comparison of Attitude as Defined for the Present Study and Self-Efficacy as Defined by Bandura

Definition of Attitude for the purpose of our study	Self-Efficacy Component	Definition of Self Efficacy (Bandura, 1977)
pre-service teachers' self-perceived ability to provide emotional support to children in crisis	Efficacy Expectations ⟷	a person's belief that a he or she has the ability to successfully perform a given behavior
the results he or she expects when emotional support is provided to children in crisis	Outcome Expectations ⟷	the specific outcomes that an individual expects when a behavior is completed
whether he or she perceives that providing emotional support to children in crisis could be worthwhile	Outcome Values ⟷	the worth or significance that an individual places on the expected outcomes of a given behavior

King et al. (1999) provided information related to face, content, and construct validity. Face and content validity were determined by distributing the TPSE to six national experts in the field of adolescent suicide and three national experts on self-efficacy. Alterations to the original instrument were made based on the suggestions of the national experts. Results of a factor analysis provided strong evidence that the

internal structure of the 45-item scale matched the intended three-construct structure specified by the three subscales.

In its original form, the TPSE was intended to measure teachers' self-efficacy when working with suicidal students. To obtain a measure of attitude toward working with students in crisis, the TPSE was adapted (TPSE-A) by selecting 14 of the 45 items contained on the original TPSE, and modifying the wording of items to make them more relevant to provision of emotional support to students in crisis rather than for provision of suicide intervention with adolescents (Table 3-3). Twelve of the 14 selected items were easily altered by changing the words, "…student at risk of attempting suicide" to "…student in crisis." The remaining two selected items were changed into two and three questions, respectively. Each of these questions, in their original form, are intended to query an individual's ability to "…effectively offer support…" In the present study an individual's ability to offer support is defined as their ability to paraphrase and name taboo subjects, as discussed in the intervention section of this chapter. The resulting 12 items formed a scale used to measure attitude toward working with students in crisis. This 17-item scale will be referred to as the TPSE-A hereafter. Total possible scores on the TPSE-A range from 17 to 119, with higher scores indicating a more positive attitude toward the provision of emotional support to students in crisis.

The TPSE-A was piloted on a sample of 25 ACCC volunteers to determine whether changes in the wording of questions would adversely impact the instrument's reliability and validity. Review of item and reliability analyses obtained from the pilot study indicated measurement properties of the TPSE-A to be adequate. An estimate of reliability of the summated total score was obtained using Cronbach's alpha, equaling

0.91. Internal structure evidence of validity was obtained by computing the corrected item-total correlations for each item, which ranged from 0.44 to 0.77 (Appendix F). Because the sample size of the pilot administration was relatively small, estimates of reliability and validity also were computed for the final sample of 177 participants used in the study. For the final sample, coefficient alpha equaled 0.93, and the corrected item-total correlations ranged from 0.24 to 0.58 (Appendix G).

Table 3-3. Changes Made to the TPSE from the Original to Adapted Form

Original Question - TPSE	Item	Adapted Question – TPSE-A
I believe I can recognize a student at risk of attempting suicide.	1.	I believe I can recognize a student in crisis.
I believe I can talk with teachers and counselors at my school to help determine whether or not a student is at risk of attempting suicide.	2.	I believe I can talk with teachers, counselors, and psychologists at my school to help determine whether or not a student is in crisis.
I believe I can talk with the parent(s) of a student to help determine whether or not the student is at risk of attempting suicide.	3.	I believe I can talk with the parent(s) of a student to help determine whether or not the student is in crisis.
I believe I can ask a student at risk of attempting suicide if he/she is suicidal.	4.	I believe I can ask a student in crisis about the specific issues they are dealing with.
I believe I can effectively offer support to a student at risk of attempting suicide.	5.*	I believe I can effectively offer support to a student in crisis by paraphrasing their emotions.
I believe I can effectively offer support to a student at risk of attempting suicide.	6.*	I believe I can take the risk to name a taboo subject being referred to by a student.
I believe I can refer a student at risk of attempting suicide to a school counselor.	7.	I believe I can refer a student in crisis to a school counselor or psychologist.

Table 3-3. Continued

Original Question - TPSE	Item	Adapted Question – TPSE-A
I believe if I recognize a student at risk of attempting suicide it will reduce the change that the student will commit suicide.	8.	I believe if I recognize a student in crisis it will reduce the long-term negative effects of the situation.
I believe if I talk with teachers and counselors at my school to help determine whether or not a student is at risk of attempting it will reduce the chance that the student will commit suicide.	9.	I believe if I talk with teachers, counselors, and psychologists at my school to help determine whether a student is in crisis it will reduce the long-term negative effects of the situation.
I believe if I talk with the parent(s) of a student to help determine whether or not the student is at risk of attempting suicide it will reduce the chance that the student will commit suicide.	10.	I believe if I talk with the parent(s) of a student to help determine whether the student is in crisis it will reduce the long-term negative effects of the situation.
I believe if I ask a student at risk of attempting suicide if he/she is suicidal, it will reduce the chance that the student will commit suicide.	11.	I believe if I ask a student in crisis about the specific issues they are dealing with, it will reduce the long-term negative effects of the situation.
I believe if I effectively offer support to a student at risk of attempting suicide it will reduce the chance that the student will commit suicide.	12.**	I believe if I paraphrase the emotions of a student in crisis it will help reduce the long-term negative effects of the situation.
I believe if I effectively offer support to a student at risk of attempting suicide it will reduce the chance that the student will commit suicide.	13.**	I believe if I take the risk to name the taboo subject being referred to by the student it will reduce the long-term negative effects of the situation.
I believe if I effectively offer support to a student at risk of attempting suicide it will reduce the chance that the student will commit suicide.	14.**	I believe if I effectively offer support to a student in crisis, it will reduce the long-term negative effects of the situation.

Table 3-3. Continued

Original Question - TPSE	Item	Adapted Question – TPSE-A
I believe if I refer a student at risk of attempting suicide to a school counselor or psychologist it will reduce the chance that the student will commit suicide.	15.	I believe if I refer a student in crisis to a school counselor or psychologist it will reduce the long-term negative effects of the situation.
I believe as a high school teacher, one of the most important things I could ever do is to prevent a suicidal student from committing suicide.	16.	I believe as a high school teacher, one of the most important things I could ever do is provide emotional support to a student in crisis.
I believe one of the most important things a school system could ever do is to establish a program to help recognize and find treatment for suicidal students.	17.	I believe one of the most important things a school system could ever do is to establish a program to help recognize and support students in crisis.

*Items 5 and 6 of the TPSE-A were derived from the same question on the TPSE.
**Items 12, 13, and 14 of the TPSE-A were derived from the same question on the TPSE.

Measuring Empathy Using the RI

Crisis-intervention at the ACCC considers empathy as fundamental to the rapport that must be established between a client and a counselor in a counseling relationship. Empathy, as it is defined at the ACCC, is the objective and insightful awareness of the feelings, emotions, and behavior of another person (ACCC 2001). This definition will be accepted and applied to our study, as it is based primarily on the ACCC crisis phone counseling training program.

To measure a person's level of empathy, researchers and practitioners have used self-report measures, reports of others, and observer ratings (Duan & Hill 1996). Self-reports ask individuals to rate their self-perceived level of empathy when interacting with others. These instruments allow data to be collected quickly and at little cost. Reports of

others ask clients to rate the level of empathy of their counselor. These reports provide valuable data regarding a counselor's level of empathy as perceived by a client. However, they require the existence of a real-life relationship between a client and counselor, making them unsuitable for our study. Observer ratings require a trained rater to observe either a real-life interaction or videotape of an interaction between a client and counselor. The rater then codes the level of empathy present in the interaction of the counselor to the client. Observer ratings can provide more objective ratings of empathy, but require large monetary and time resources making them an unrealistic approach for experimental research with large sample-sizes. Self-report measures were determined to be most appropriate for our study because of the relatively large sample-size being used, restrictions on time due to the length of classes at UF, and the importance of congruence across post-test instruments.

The most widely used measure of empathy is the Relationship Inventory (RI), developed by Barrett-Lennard in 1962 (Hill et al 1994). Hundreds of studies have used the RI in its original form, the revised form, and versions adapted to more effectively suit a particular research study (Barrett-Lennard 1986, Duan & Hill1996, Barz 2001). Researchers have adapted the original form of the RI both in length and perspective of the reporter. For example, the RI has been used to measure teachers' level of empathy when working with troubled youth (Scheuer 1971), supervisors' level of empathy when interacting with employees (Schacht et al 1988), and crisis phone counselor's level of empathy when speaking with crisis callers (Barz 2001). In the present study, a portion of the RI was used to measure pre-service teachers' self-perceived level of empathy.

In its original form, the RI included 96 items that could be used in a self-report or report of others format. The instrument later was revised by Barrett-Lennard to remove one scale and decrease length of time required for administration. In its revised form, the RI is a 64-item questionnaire comprised of four 16-item subscales measuring empathy, congruence, level of regard, and unconditionality of a counselor to a client. Questions are directed toward either a counselor or a client; counselors are asked to rate themselves and clients to rate their counselor. Responses are based on a six-point scale ranging from +3 on the far left hand side of the scale, I strongly agree it feels true about me to –3 on the far right hand side of the scale, I strongly disagree it is not true about me. Items querying each of the four subscales are interspersed throughout the 64-item instrument. One half of the items are negatively worded. Total subscale scores range from – 48 to +48. Higher subscale scores indicate higher levels of empathy, congruence, level of regard, and unconditionality.

Reliability and validity data for the RI have been reported by Barrett-Lennard (1962, 1986) for the original and revised forms and by numerous researchers for their adapted versions (Scheuer 1971, Schacht et al. 1988). In its revised form and in various adapted versions, the RI has been found to have adequate reliability and validity (Barrett-Lennard 1962, Gurman 1977, Barrett-Lennard 1986). Gurman (1977) reviewed the reliability estimates of the RI obtained across various applications of the revised and adapted versions. In total, 15 studies estimated reliability using split-half and coefficient alpha methods. Means of the reliability estimates obtained across the 15 studies were 0.91, 0.84, 0.74, and 0.88 for the regard subscale, empathy subscale, unconditionality

subscale, and congruence subscale, respectively. In addition, 10 studies reported test-retest estimates ranging between 0.61 and 0.95 for the four subscales.

Barrett-Lennard (1986) report assessing the content validity of the RI by distributing the original instrument to five judges and asking them to rate each item as a positive or negative statement of the variable it was intended to measure. Following the revision, three relevantly experienced individuals were asked to provide suggestions to improve the face and content validity of the instrument.

In the present study, the 16-question empathy subscale of the RI (Appendix H) was used independent of the other subscales to measure pre-service teachers' level of empathy after participating in training. The response options were transposed from a range of +3 on the far left of the instrument (yes, I strongly feel it is true) to –3 on the far right of the instrument (no, I strongly feel it is not true) to a range of 1 on the left (no, I strongly feel it is not true) to 6 on the right (yes, I strongly feel it is true) to provide consistency in the response option values and anchors of the TPSE-A and the RI. Using the revised response option values, the total score for the RI ranged from 16 to 96, with higher scores indicating a higher level of empathy.

The empathy subscale of the RI was administered previously as an independent measure of empathy in a study with crisis phone counselors (Barz 2001). Subject responses resulted in a coefficient alpha of 0.78, indicating adequate reliability. Because the training program used in our study was an adaptation of the training program used to prepare subjects in the Barz (2001) study, the empathy subscale of the RI was expected to effectively measure empathy of participants.

Because changes were made to the response options of the empathy subscale for use in the present study, the revised empathy subscale was piloted with sample of 25 ACCC volunteers. Reliability and item analyses were conducted on the data from the pilot administration. The coefficient alpha obtained using the 25 subjects was 0.81 and the corrected item-total correlations for 13 of the 16 items ranged from 0.26 to 0.72. The corrected item-total correlations for the remaining three items were below 0.20 (Appendix I). These results provided strong evidence that the revised RI empathy subscale would provide an effective measure of empathy for our study.

Estimates of reliability and validity were also computed for the final sample of 177 participants used in our study. For the final sample, coefficient alpha equaled 0.79, corrected item-total correlations ranged from 0.24 to 0.58, with one item falling below 0.20 (Appendix J).

Measuring Transfer of Knowledge and Skills Using the AKCS

Ability is defined as the effective transfer of knowledge and skills from a learning environment to real life situations. In the field of crisis-intervention, as in many other applied fields, assessment of individual ability level can be difficult to measure (Knudson 2001). Historically, the measurement of knowledge and skills has been approached separately and by varied methods of assessment (Bransford & Schwartz 1999).

Traditionally, knowledge has been assessed through the use of replication assessment (Broudy 1977). These approaches ask the test taker to recall facts they have committed to memory. Assessment of knowledge can be completed quickly and at relatively low cost. This assessment, although appropriate for many fields, is not an effective measure of a person's ability to provide emotional support to a person in crisis.

In the mental health field, authentic assessment often is used to measure level of skill. For example, through review of video taped client sessions or participation in a role-play where they are the mental health professional and someone else plays the part of a client (Nelson-Stewart 2000). In either case, a mentor or supervisor takes time to review a student's performance and provide feedback. The assessment of skill using authentic assessment requires a significant amount of time and resources to complete, making it difficult for use in experimental research with large numbers of subjects.

To assess the transfer of knowledge, researchers have used various measurement techniques including paper-and-pencil tests, structured interviews, and skill based assessments (Bransford & Schwartz 1999). In all cases, the test attempts to measure a person's knowledge or skills in one situation based on prior learning experiences. For example, a person who has learned to use a software package to analyze statistics may learn to use a second statistical software package more quickly if knowledge and skills from the original learning experience transfer effectively.

The Applied Knowledge of Crisis Skills (AKCS) was developed for our study to measure participants' ability to transfer the knowledge and skills learned in the training environment (i.e., during reading, listening to a lecture, participating in an interactive workshop) to a crisis scenario (Appendix K). There are two sections of the AKCS; the first assesses participant ability to transfer knowledge and skill learned during training. This section consists of a written scenario depicting a student in crisis who could potentially benefit from emotional support, and four related multiple-choice questions. Each question refers to one statement made by the student in the scenario to which a teacher would likely respond. The teacher is asked to choose the most appropriate

response to that part of the situation based on the principles of crisis counseling. The second section assesses the amount of information from the training an individual can recall. This section consists of 10 multiple-choice questions that require the participant to recall significant facts presented during training. Responses for all 14 items were scored with a 0 for incorrect answers and 1 for correct answers, with a possible total score range of 0 to 14. Higher scores indicate a higher level of transfer.

To conduct an initial investigation of reliability and validity of the AKCS a pilot test was conducted using a sample of 25 volunteers participating in the crisis-intervention training at the ACCC. Using data obtained from the pilot study, item quality was assessed through consideration of (a) the proportion correctly responding to each item, (b) the discrimination of the item as measured by the corrected item-total correlation coefficient and (c) the reliability of the instrument as measured by coefficient alpha (Crocker & Algina 1986). In addition, respondents were asked to provide feedback concerning the face validity of the instrument and indicate whether other changes should be made to items or administration procedures prior to data collection. Using the obtained data, coefficient alpha equaled 0.46 and the corrected item-total correlations ranged from –0.19 to 0.48 (Appendix L). Based on the results of the analyses, significant revisions were made to the wording of the items for which poor discrimination was observed. The organization and presentation of the questions also was changed to improve face validity.

The revised AKCS was piloted with a small sample of 17 psychologists and social workers employed by the Orange County Public School system in Orlando Florida. Again, initial item and reliability analyses were run. The coefficient alpha for this sample

of 17 was 0.48. The corrected item-total correlations were negative in three items and low (e.g., below 0.20) in four items (Appendix M). After expert review, the decision was made to reword items having a negative corrected item-total correlation. The four items with low corrected item-total correlations were not changed because review indicated the low value might have been a result of the small sample size and the homogeneity of the sample.

Item and reliability analyses of the AKCS also were conducted using the sample of 177 respondents obtained for the present study. Coefficient alpha was 0.53 and the corrected item-total correlations ranged from 0.11 to 0.30, with 7 of the 14 items falling below 0.20 (Appendix N). To establish whether the relatively low value of coefficient alpha was a consequence of item heterogeneity, a split-half reliability analysis was run. An odd-even split was used to divide the items into two groups. Coefficient alphas for the two groups were 0.37 and 0.44, and the equal-length Spearman-Brown split-half reliability was 0.43. The relatively low split-half reliability estimate indicates the items are measuring different constructs and caution should be used in the interpretation of the results.

Analysis

Our study investigated the impact of the independent variable (i.e., crisis-intervention training program) on three dependent variables (i.e., score on the TPSE-A, score on the RI, and score on the AKCS) by conducting three separate one-way analysis of variance (ANOVA) tests. An estimate of effect size associated with each ANOVA was obtained using omega-squared (Keppel 1991). Prior to conducting the one-way

ANOVAs the scores of the dependent variables were visually examined to ensure that the scores were normally distributed with equal variances.

The null hypothesis associated with each one-way ANOVA (M1=M2=M3) was assessed using a Type I error rate of 0.05. An acceptance of the null hypothesis led to the conclusion that intervention training program had no impact on the mean value of the dependent variable. A rejection of the null hypothesis led to the conclusion that the crisis-intervention training technique did impact the mean value of the dependent variable and was followed by three post-hoc comparisons (reading vs. lecture, reading vs. interactive, lecture vs. interactive) to determine between which of the three groups a significant difference existed. For each of the three post-hoc comparisons an independent samples *t*-test was conducted to test for between-group differences in the dependent variable. To maintain a family-wise Type I error rate of 0.05, a Bonferroni adjustment was applied to each comparison. The decision to use the Bonferroni correction was made because it leads to an appropriate correction of the per-comparison Type I error rate when three or fewer comparisons exist (Albert, Cluxton, & Miller 1997). Because a total of three post-hoc comparisons were conducted, the resulting Bonferoni-corrected Type I error rate was .05/3 = .0167.

CHAPTER 4
RESULTS

The purpose of our study was to answer the following three questions:

- Research Question 1: Does the type of crisis-intervention training impact pre-service teachers' attitude toward providing emotional support to students in crisis?
- Research Question 2: Does the type of crisis-intervention training impact pre-service teachers' level of empathy?
- Research Question 3: Does the type of crisis-intervention training impact pre-service teachers' ability to transfer knowledge and skill?

To answer the research questions, 177 subjects participated in our study. Consistent with enrollment in college education programs, the majority of participants were female (i.e., male = 11.7%, female = 82.7%). Seventy percent of the participants were of traditional college age, between 18 and 22 years old. Of the remaining subjects, 20.7% were between the ages of 23 and 29 while 3.3% were between 30 and 49 years old. A slight majority of participants (i.e., 48.0%) are in the final year of the five-year PROTEACH program, 15.1% reported being in the 4th and 32.4% in the 3rd year. Education majors at the University of Florida do not begin PROTEACH coursework until completion of two years of college. Only 5.4% of students reported having a major other than education (education majors = 89.9%, omitted answers = 4.7%). Because the significant majority of participants fit the traditional model of college education students (i.e., female, between 18 and 22) quantitative comparison of responses by demographic data collected was inappropriate.

Subjects were randomly assigned by intact classes to one of three training groups: reading, lecture, and interactive. The groups consisted of 63, 59, and 55 participants respectively. Immediately after training, participants completed three questionnaires: Teacher's Perceived Self-Efficacy Related to Adolescent Suicide Questionnaire-Altered (TPSE-A), measuring attitude toward the provision of emotional support to students in crisis; the Relationship Inventory (RI), measuring empathy; and the Applied Knowledge of Crisis Skills (AKCS), measuring the transfer of knowledge and skills. The scores obtained on TPSE-A, RI, and AKCS served as the dependent variables for research questions 1, 2, and 3, respectively. The remainder of this chapter sequentially addresses each of the three research questions.

Research Question 1

Table 4-1 displays the mean and standard deviation for the Teacher's Perceived Self-Efficacy Related to Adolescent Suicide Questionnaire – Adapted (TPSE-A) scores for each of the three treatment groups. Inspection of the group means reveals they were similar across the three groups, equaling 5.76, 5.61, and 5.68 for the reading, lecture, and interactive groups respectively. While the standard deviations did differ between the three groups (SD = 0.686, 0.749, 0.935), the Levene's test of homogeneity of variance indicated that the differences were not statistically significant, $F_{(2,174)} = 0.877$, $p = 0.418$. A one-way ANOVA assessing the between-group difference in the mean TPSE-A score yielded, $F_{(2,174)} = 0.593$, $p = 0.554$, indicating the difference between the group means was not significant. In addition, an estimate of effect size was obtained by computing omega squared. The computed value of omega squared was negative, which can be interpreted in practice as zero. By combining the lack of significance with the zero effect

size it can be concluded that there is little or no effect of the three training programs on the attitude of pre-service teachers toward providing emotional support to students in crisis.

Table 4-1. Descriptive Statistics – Attitude Scale (TPSE-A)

Group	N	Mean	Standard deviation
Reading	63	5.765	0.686
Lecture	59	5.611	0.749
Interactive	55	5.668	0.935
Total	177	5.683	0.789

Research Question 2

Table 4-2 displays the mean and standard deviation for the Relationship Inventory (RI) scores for each of the three treatment groups. Inspection of the group means reveals they were similar across the three groups, equaling 4.169, 4.218, and 3.986 for the reading, lecture, and interactive groups respectively. Standard deviations did not differ between the three groups (SD = 0.522, 0.569, 0.543) and the Levene's test of homogeneity of variance indicated the differences were not statistically significant, $F_{(2,174)} = 0.517, p = 0.597$. A one-way ANOVA assessing the between-group difference in the mean RI score yielded, $F_{(2,174)} = 2.861, p = 0.060$, indicating that the difference between the group means was not significant. An estimate of effect size also was obtained by computing omega squared. The computed value of omega squared equaled .021, which can be interpreted in practice as a small-to-medium effect size. By combining the lack of significance with the small-to-medium effect size it can be

concluded that there is little or no effect of the three training programs on participating pre-service teachers' level of empathy.

Table 4-2. Descriptive Statistics – Empathy Scale (RI)

Group	N	Mean	Standard deviation
Reading	63	4.169	0.522
Lecture	59	4.218	0.569
Interactive	55	3.986	0.543
Total	177	4.129	0.550

Research Question 3

Table 4-3 displays the mean and standard deviation for the Applied Knowledge of Crisis Skills (AKCS) scores for each of the three treatment groups. Inspection of the group means reveals they were different across the three groups, equaling 0.67, 0.61, and 0.70 for the reading, lecture, and interactive groups respectively. The standard deviations differed between the three groups (SD = 0.151, 0.189, 0.130) and the Levene's test of homogeneity of variance indicated the differences were statistically significant, $F_{(2,174)} = 3.742$, $p = 0.026$. A one-way ANOVA assessing the between-group difference in the mean AKCS score yielded, $F_{(2,174)} = 4.331$, $p = 0.015$, indicating that the difference between the group means was significant. An estimate of effect size was obtained by computing omega squared. The computed value of omega squared equaled .036, which can be interpreted in practice as a small-to-medium effect size.

Because results of the one-way ANOVA indicated a significant difference between the group means, three post-hoc comparisons (reading vs. lecture, reading vs. interactive, lecture vs. interactive) were conducted to determine between which of the

three groups a significant difference existed. For each of the three post-hoc comparisons an independent samples *t*-test was conducted to test for between-group differences in the dependent variable. To maintain a family-wise Type I error rate of 0.05, a Bonferroni adjustment was applied to each comparison. Because a total of three post-hoc comparisons were conducted, the resulting Bonferoni-corrected Type I error rate was .05/3 = .0167.

Table 4-3. Descriptive Statistics – Transfer of Knowledge and Skill (AKCS)

Group	N	Mean	Standard Deviation
Reading	63	0.671	0.151
Lecture	59	0.616	0.189
Interactive	55	0.702	0.130
Total	177	0.662	0.162

Table 4-4 presents the between-group difference in mean AKCS score, the observed t-value for the independent samples *t*-test and the significance level of the independent samples t-test for each of the paired comparisons. Results of the pairwise comparison between the reading and lecture groups indicated the difference between the mean AKCS scores was not significant, $t\ (120) = 1.778$, $p = .078$. The difference between the mean AKCS score of the reading and interactive groups also was not significant, $t\ (115) = -1.201$, $p = 0.232$. However, the difference between the mean AKCS score of the lecture versus interactive groups was statistically significant, $t\ (112) = -2.827$, $p = 0.006$. The resulting conclusion is that the participants in the interactive group scored significantly higher on the AKCS than the participants in the lecture group.

Table 4-4. Pairwise Comparisons – Transfer of Knowledge and Skill Scale (AKCS)

Pair	Mean Difference	*t*	Significance
Reading vs. Lecture	0.055	1.778	0.078
Reading vs. Interactive	-0.031	-1.201	0.232
Lecture vs. Interactive	-0.086	-2.817	0.006

Summary and Conclusions

Based on the results of our study, several conclusions can be drawn. Attitude toward providing support to students in crisis and level of empathy was not impacted by the format of training provided to the three treatment groups. There was no difference in the transfer of knowledge and skills between the reading and lecture groups or between the reading and interactive groups. However, participants in the interactive group were able to transfer a greater amount of knowledge and skill than those in the lecture group.

CHAPTER 5
DISCUSSION

The recent, large-scale school crises in our society have created a need for preparing teachers to provide emotional support to students. Students also experience a variety of crises that may be less apparent to school staff (e.g., divorce of parents, abuse, neglect). Next to parents, teachers are often in the best situation to provide immediate emotional support to students in crisis and identify those needing more intensive support. Whether the teacher's role is to provide brief emotional support to students or notify mental health professionals of the need for more significant support, they require training to do so comfortably and effectively (Brock 2001, Pitcher & Poland 1994, Sandoval 2002, Slaikeu 1990).

Providing immediate emotional support to individuals in crisis (i.e., psychological first aid) does not require advanced education in mental health services (Brock 2001, Joint Commission on Mental Illness and Health 1961, Pitcher & Poland 1992, Slaikeu 1990). Several training programs have been developed to prepare non-mental health professionals (e.g., teachers, clergy) to provide this support in the event of a crisis. The content of existing programs includes facts supporting the need for crisis-intervention training in the school setting, an overview of crisis theory, and an introduction to and development of crisis-intervention skills. Presentation of the recommended knowledge and skills involves a combination of lectures and small-group activities over a span of 12 to 60 classroom hours (Alachua County Crisis Center 2001, Brock 2001, Slaikeu 1990).

Although crisis-intervention training is important, requiring teachers to commit this amount of time may be unrealistic within the scope of their existing responsibilities. As a result, development of an effective training program during pre-service teacher education may prove beneficial.

Our study investigated whether participation in a 45-minute reading, lecture, or interactive training program differentially impacted pre-service teachers' attitudes toward providing emotional support to students in crisis, level of empathy, and transfer of knowledge and skills. Results indicated no difference between participation in a reading, lecture, or interactive training program on pre-service teachers' attitudes toward providing emotional support to students in crisis. Participants were asked to respond to questions querying their attitudes toward providing emotional support to students in crisis using a seven-point Lykert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). Specifically, questions asked participants to rate their level of comfort in providing emotional support to students in crisis, and ensuring that the proper services are provided to students in need of further support (i.e., crisis therapy) (Appendix E). Responses in this study yielded a group mean of 5.68 (SD = 0.78), indicating a relatively high level of attitude toward providing emotional support to students in crisis. This may have been influenced by the participants' separation from an actual teaching environment. Participants in our study (i.e., pre-service teachers) have not yet been in a school setting in their aspired roles. This may cause them to feel more confident in their abilities than they will when faced with an actual crisis situation.

There was no difference in level of empathy between reading, lecture, and interactive groups. This may have been influenced by the relatively short period of time

participants were exposed to the training material. Impacting level of empathy may require long-term intervention training rather than the amount of time available in our study. The Alachua County Crisis Center (ACCC) training program consists of 60 hours of training. A 60-hour training program focusing on providing emotional support to students is not realistic for practicing teachers because of demands in and outside the classroom. Future research should explore the amount of time necessary to impact pre-service teachers' level of empathy.

The ACCC training program also consists of a greater breadth and depth of experiences for participants: role-plays, various lectures, observation shifts where trainees listen to calls between callers and counselors. Individuals going through ACCC training may participate in 10 – 15 role-plays, based on real crisis calls. Qualitative reports by ACCC counselors indicate role-plays simulate the emotion and intensity of actual calls. ACCC training lectures go far beyond those provided in our study, to provide trainees with a greater understanding of crisis theory and the most common issues causing people to reach a crisis state (e.g., sexual assault, unexpected loss of loved ones, failure, chronic pain). Finally, trainees are given the opportunity to observe crisis phone counselors interacting with callers in real-life situations. This provides a genuine perspective on the callers' presentation as well as the relationship between the caller and the counselor.

Detection of differences in level of empathy also could be difficult because, as a group, pre-service teachers may posses a high level of empathy naturally. In our study, participants were asked to respond to questions querying level of empathy using a six-point Lykert-type scale ranging from 1 (no, I strongly feel it is not true) to 6 (yes, I

strongly feel it is true). Participant responses in our study yielded a mean response of 4.12 (SD = 0.55), indicating a relatively high level of empathy as a group. If participant groups had been more heterogeneous, consisting of university students from different areas (e.g., engineering, statistics, history), variations in level of empathy may have been more apparent. Comparison between level of empathy in pre-service teachers and other groups would need to be explored through future research.

A lengthy literature review provided no good options for a test to effectively measure transfer of knowledge and skill related to the content presented in this training. Therefore, an instrument was developed specifically for our study. Following expert review of the first draft of the AKCS, two separate pilot studies were run on small groups of subjects similar to the final research participants. The first pilot yielded a low relationship between individual items and the instrument as a whole. Significant revisions were made prior to the second pilot study. Results from the revised instrument also yielded low reliability indices, which led to further revision before final data collection began. Unfortunately, results from the final data of the study again indicated low reliability.

Group differences were found in level of knowledge and skill between the lecture and interactive groups, but not between the reading and lecture or reading and interactive groups. These differences must be interpreted with caution due to low reliability of the knowledge and skill instrument. Pre-service teachers may learn more about providing emotional support to students in crisis when they participate in a small group (i.e., ten or less adults), interactive training program lasting 45 minutes than when they listen to a 45-minute lecture. However, due to the technical weakness of the instrument, it cannot

be determined whether this brief intervention had any effect on the level of knowledge and skill of the participants.

Unfortunately, comparisons cannot be made between the results of the present study and other training programs (i.e., ACCC 2001, Brock 2001, Slaikeu 1990) because of the lack of quantitative data in the literature. Results of our study serve as a step towards development of research-based crisis training and intervention response programs.

Connections to Existing Literature

Crisis-intervention programs in the schools are a relatively new responsibility to the field of education. Support for the development of these programs has grown due to: (a) recent events in history (Berson & Berson 2002), (b) a school's legal obligation to provide substantive crisis-intervention services when necessary (Feinberg & Jacob 2002), and (c) a change in the role school personnel play in supporting children (Brock et al. 2001, Pitcher & Poland 1992). Well-designed quantitative research studies are needed to secure long-term financial support and administrative backing necessary to continue these programs (Bates et al. 2002, Brock et al. 2001, Pitcher & Poland 1992). The field of school crisis-intervention would benefit from pre-established relationships between researchers and individual schools stating that, in the event of crisis, they will assist in providing intervention resources in exchange for the ability to collect data during and following the crisis (Bates et al. 2001).

In accordance with the recommendations set out in the current literature, this research attempted to design a quantitative study to provide support for crisis-intervention training programs in pre-service teacher education. An existing

program was adapted to provide the necessary training content in a time frame suitable to university course instruction. Programs developed by Slaikeu (1990), Brock (in Brock et al. 2001) and the Alacuha County Crisis Center (2001) incorporate reading, lectures, and small-group interactive exercises to train crisis-intervention providers. Although these programs require between 12 and 60 hours of class time, the literature does not provide quantitative support for the significant time commitments. Our study presented identical content through three different training methods (i.e., reading, lecture, and interactive) in 45-minute sessions and determined that the levels of empathy, attitude, and knowledge and skill did not differ significantly as the result of a single university class period.

Our study attempted to impact pre-service teachers' attitudes toward providing emotional support to students in crisis. Responses to the TPSE-A indicated no significant difference between the reading, lecture, and interactive groups. The absence of an effect across the three treatment groups is consistent with a large base of research in the field of teacher preparation. Numerous studies indicate that effectively impacting the attitudes of pre-service teachers, prior to their field-based placements, continues to be a concern for teacher-educators (Bramald et al. 1995, Weiner 2000).

Conclusions

Results of our study have implications for the design and development of pre-service teacher training programs related to providing emotional support to students in crisis when only limited amounts of time are available. No differences were found in participants' levels of attitude or empathy as a result of participation in the 45-minute training sessions. Also, the significant difference found between levels of knowledge and

skill of the interactive and lecture groups is questionable, due to the low reliability of the knowledge and skill measure used in our study.

Because no trustworthy effects were found, the power of the treatment must be questioned. The content of the training used in our study is based on the 60-hour training program at the ACCC. Although no quantitative support is available for the ACCC training, qualitative support is evident in the fact that counselors trained at the ACCC have been respected members of the mental health community for over 30 years. Also, the ACCC training is similar in content and approach to other crisis-intervention training programs used to prepare individuals to provide emotional support to people in crisis (e.g., Brock, in Brock et al. 2001, Slaikeu 1990). These points suggest the content used in the present study are appropriate for the intended outcome of an increase in level of attitude, empathy, and knowledge and skill.

Participants in the present study were exposed to the content in a reading, lecture, or interactive format. The training programs used by the ACCC, Slaikeu (1990), and Brock (in Brock et al. 2001) present the content to all participants in multiple formats, providing a greater breadth of learning experiences. Positive effects resulting from participation in those training programs suggest that the variety of approaches used to teach the material may be required to have an impact on pre-service teachers' levels of attitude toward providing emotional support to students in crisis, empathy, and transfer of knowledge and skills.

The training in the present study also differed drastically from the others in length of time. Study participants were exposed to the information for 45 minutes, rather than between 12 and 60 hours. Because quantitative support for these training programs is

unavailable, an assumption cannot be made about whether the lengths of time required are sufficient to prepare people to provide emotional support to students in crisis. Lack of significant effects of the treatment in the present study suggest that 45 minutes of training, in any format, is inadequate to impact levels of attitude, empathy, and transfer of knowledge and skill. Future research must consider the amount of time necessary to create the desired effects.

Our study was designed to assist in development of a crisis-intervention program for pre-service teachers. Teachers are often the only adults besides parents who have consistent contact with students, allowing them to support all students and identify those in need of intervention beyond the relatively brief psychological first aid. With the proper pre-service training, teachers have the opportunity to make a significant impact on a child's life by supporting them in the event of a crisis.

Limitations of the Study

Our study considered the effects of crisis-intervention training on pre-service teachers in a university classroom setting. Participants may have had difficulty identifying with the need to provide emotional support to students in crisis because they currently lack emotional connection to a group of students. Once in practice, these same participants may have a different reaction because they will have students who are at risk to experience crisis at any time. Pre-service training must be developed that can create a more realistic and urgent need to learn and effectively use the information presented before teachers are faced with a student in crisis. The ACCC training uses role-plays to prepare trainees to respond to realistic crisis calls in a training environment. Although

quantitative support is not available, numerous qualitative accounts attest to the effectiveness of role-plays in preparing trainees to respond to real-life crisis situations.

The length of time required for participation in the three training approaches in our study varied greatly from those currently in use. Existing training programs require between 12 and 60 hours of training, a significant addition to the university pre-service teacher curriculum. Results of our study indicate that participants require more than 45 minutes to impact attitude, empathy, and level of knowledge and skill. This raises the question of whether 45-minutes of pre-service training would be worth the time spent. Researchers must determine how much time is required to have the desired impact on pre-service teachers.

By definition, experimental research requires valid and reliable measures to identify the impact of a treatment on a specific variable. Our study attempted to determine whether 45 minutes of crisis-intervention training presented in a reading, lecture, or interactive format differentially impacted pre-service teachers' attitudes, empathy, and transfer of knowledge and skills. Attitude and empathy were measured using pre-established instruments supported by numerous published accounts of acceptable levels of validity and reliability. An extensive review of the literature did not yield an instrument appropriate to measure the knowledge and skills presented in our study. Knowledge often is assessed through the use of replication assessment (e.g., multiple-choice tests), which requires little time and money to complete (Broudy 1977). This is advantageous when conducting research with large numbers of people, but does not provide an appropriate measure of a person's ability to provide emotional support to someone in crisis. The mental health field traditionally uses authentic assessment to

measure the development of counseling skills (Nelson-Stewart 2000). Although effective, this approach is not desirable when conducting research with many subjects, as it requires substantial resources to complete effectively. The AKCS was an attempt at developing an instrument that quickly and effectively could measure a person's transfer of crisis-intervention knowledge and skills. Unfortunately, the researcher was unable to establish acceptable levels of reliability for the scores from this instrument. The poor measurement properties of the AKCS create speculation toward the significant differences found between the interactive and lecture groups in transfer of knowledge and skill.

Future Research

Given the prevalence of crises in the lives of young children and the current role schools have assumed, there is a definite need to prepare pre-service teachers to provide emotional support to students in crisis. Results of our study should be used as a catalyst for future research on the topic of crisis response training for pre-service teachers. Our study indicated a questionable increase in transfer of knowledge and skills when pre-service teachers learn in an interactive setting including a group leader (i.e., counselor) and no more than 10 adults. Replication of our study is necessary before this increase in knowledge and skill is relied upon in practice. No differences were found in empathy or attitude.

Accepting attitude toward the provision of emotional support to students in crisis and level of empathy as important variables in the effectiveness of emotional support, future research should focus on how to increase these characteristics in pre-service teachers. It is difficult to impact the attitude of pre-service teachers and may require

more robust approaches to crisis-intervention training. While still in a pre-service learning environment, training in areas such as crisis-intervention must provide vivid examples of (a) how emotionally taxing it can be to watch a person experience a crisis, (b) how uncomfortable it can be to engage in conversation with an individual in crisis, and (c) how beneficial emotional support can be to an individual's ability to move beyond a crisis state (ACCC 2001, Lindeman 1944). Incorporating experiential components (like the role-plays used in the three training approaches discussed), may create the necessary learning environment to impact pre-service teachers' attitudes toward providing emotional support to students in crisis (ACCC 2001, Brock, in Brock et al. 2001, Slaikeu 1990). Future research should focus on how to most effectively impact the attitudes of pre-service teachers related to providing emotional support to students in crisis

Concerning the desire to increase pre-service teachers' level of empathy toward students in crisis, training programs may require a change in approach and amount of time dedicated to training. Training intended to alter level of empathy may need to be more similar to the ACCC training program in time and intensity of experience. Our study attempted to look at pre-service teachers' level of empathy after one 45-minute training session embedded in a pre-existing university course. To ensure this important training is provided to as many pre-service teachers as possible, future research must focus on the most efficient way to increase pre-service teachers' level of empathy.

APPENDIX A
TRAINING MATERIALS – READING GROUP

- Participants will be provided with training materials. They will be asked to spend the next 45-minutes reading the documents provided to them.
- Thank you for agreeing to participate in our research study. Please place all other materials under your desk. For the next 45-minutes we ask that you read these documents to yourself. Please do not discuss the information with other students. It is important to this research project that you read as much of the information as you can during the 45-minute period.

Completing the Questionnaires

- At the end of the 45-minute training session, the facilitating trainer will ask the participants to complete the forms being distributed. It will be important to begin the data collection phase on time so that the participants will be able to complete the forms. Participants should not put any identifying information (i.e., names, social security numbers) on the questionnaires.
- The other trainers should distribute the questionnaires and pencils to those who need them while the facilitating trainer is explaining the data collection process. Trainers should wait by the doors to collect the questionnaires while the participants leave class.

What Is a Crisis?

While crisis-intervention programs originally developed in community based settings such as mental health centers, the need to expand services to school settings has been evident for the past 30 years. It was both a logical and necessary decision to begin to view schools as critical settings for crisis prevention and intervention programs. In fact, Peterson and Straub (as cited in Poland 1994) stated that "school administrators have a clear legal obligation" to develop plans to prevent crises from happening and to manage any crisis situation.

In the early 1970s the city of Chowchilla, California was faced with one of the first school crises to gain national attention. A review of the incident and the response of the school system was compiled by Terr (as cited in Poland 1994). A busload of school children was kidnapped and buried underground for 27 hours. After their escape from the kidnappers, the children were not offered any form of crisis-intervention from the school or the community. Five years after the incident, it was found that 100% of the children involved in the kidnapping had clinical symptoms of depression, fear, or anxiety.

Incidents like the one in Chowchilla and changes in our society that have led students and educators to feel less safe in our country's schools made it apparent that crisis-intervention programs needed to become part of the school itself. Then, instead of being dependent on mental health professionals who are unknown to the students, school personnel could provide critical support to students.

The development of school-based crisis-intervention programs has largely been the result of mental health professionals specializing in crisis-intervention. Educators have taken the fundamental points of crisis theory (i.e., Caplan 1964) and adapted them

to work effectively in the school setting. For example, today crisis-interventionists from the fields of mental health and education agree that the term crisis is relative, determined solely by the individual. It is difficult to define crisis, as it varies by model, but three points seem to be consistent (Pitcher & Poland 1992): (a) it is the perception of the individual that defines a crisis, (b) the individual in crisis has a very difficult time negotiating life while in this crisis state, and (c) the crisis state is not seen, in itself, as psychopathology, nor is it chronic. One point that has held constant, over 35 years, is Gerald Caplan's (1964) explanation that emotional crisis is a state of "psychological disequilibrium" where the situation is not resolvable through usual methods.

Crises can come in many forms including but not limited to suicide, death of a student or teacher by natural causes, murder, rape, auto accidents, natural disasters, gang warfare, kidnapping, hostage situations in and outside the school, and national emergencies. Other forms of crisis that are not as apparent, but equally as real to the individual are divorce of parents, moving away from friends or family, separation from parents, unsuccessful relationships, lack of desired social acceptance, or low grades. The severity of a crisis is relative to the individual who is experiencing it.

By 1990 some form of crisis-intervention program in the schools was the norm (Pitcher & Poland 1992). However, as crises are not necessarily a common occurrence, the theory of crisis-intervention in the schools is still in the formative stages. Crisis-interventionists in the schools have accepted some concepts as fundamental, many which are common to the field of crisis-intervention in general.

1. Feelings of anxiety and helplessness in response to crisis are considered normal, not pathological.

2. The focus of intervention is on quickly returning an individual to the "pre-crisis" state.
3. Crisis therapy and intervention should be short-term, usually lasting no more than 6 weeks.
4. The individual in crisis is discouraged from relying on the crisis-interventionist, as the goal is to help re-establish autonomy.
5. By definition, the problem solving skills of an individual in crisis have been exhausted. For this reason, people in crisis are more likely to accept outside help (Pitcher & Poland, 1992, pp. 28-29).

According to Underwood & Dunne-Maxim (1997), crisis-intervention theory and practice has evolved into a multidisciplinary approach to providing mental health services to people in crisis. Team approaches to crisis-intervention call for administrators from a member of the school administration to serve in a leadership position and thus to orchestrate the processes of preparation and response (e.g., school psychologists, school counselors). Other members of the school crisis response team may include internal members (e.g., teachers, counselors, administrators) and external members (e.g., clergy, law enforcement, local mental health professionals).

The Role of Teachers in Crisis-intervention

Although the provision of crisis-intervention services may not be an explicit job responsibility for teachers in our society, it has become an implicit responsibility in American schools. Teachers will play a role in every crisis experienced by their students. Whether the crisis is on a large or small scale, our schools have assumed the responsibility of caring for students' emotional and safety needs on a daily basis.

Teachers have the opportunity to establish relationships with their students; have an understanding of the student's normal personality, behavior, and performance; and in many cases, second only to parent's, have the most consistent contact with students.

The essential nature of a teacher's role in crisis-intervention in the schools becomes apparent when considering crisis theory as set out by Lindemann (1944) and Caplan (1964). According to Lindemann (1944), crisis-intervention involved providing four to six weeks of crisis therapy in which the victim was actively involved in facing intense levels of pain. The amount of time involved in crisis-intervention today remains between four and six weeks. Based on Caplan's (1964) model of primary (i.e., prevention), secondary (i.e., intervention), and tertiary (i.e., post-vention) crisis care, the four to six week period may be allocated differently. Unfortunately, most professionals trained in crisis-intervention (i.e., school counselors, school psychologists) are not able to provide four to six weeks of crisis services. However, teachers continue to have contact with their students throughout the school year and, when prepared, may be able to play a more critical role in returning students to pre-crisis states.

Secondary crisis-intervention is provided during a crisis situation. In a school system teachers, administrators, school counselors, and school psychologists who are familiar with the students often provide immediate care. This period of crisis-intervention usually lasts no longer than a week. Students are given the opportunity to express their feelings, participate in memorial services, and take an active role in putting the pieces back together. Teachers are encouraged to openly discuss their own reactions to the crisis with their students. It is important that teachers give students permission to

express a wide range of emotions (i.e., nervous laughter, indifference, anger) in reaction to a crisis (Poland & McCormick 1999).

In the event of a crisis, teachers are with students before mental health professionals (i.e., school counselors, school psychologists) arrive and after they leave. Therefore, teachers often have the most direct contact with students during all stages of crisis response. Poland and McCormick (1999) estimate that teachers will be able to help 95% of their students after a crisis. Therefore, the responsibility for providing support to those students and identifying the students who are at risk for experiencing long-term negative effects of the crisis (the remaining 5%) is often placed on individual teachers. By understanding the theory of crisis-intervention and developing crisis-intervention skills, teachers can feel more confident in the role they are able to assume before, during, and after a crisis event.

Today, crisis-intervention programs stress the need to listen actively, name the taboo subject (e.g., suicide, rape, divorce) as soon as it becomes apparent, and remain nonjudgmental. By doing this, the student's (victim's) anxiety level decreases and rapport begins to develop between the teacher (interventionist) and the student (Knudson, 2000). Teachers have the most consistent, direct contact with the students in our schools. This contact provides teachers a great opportunity to provide intervention by observing signs of crisis in students (i.e., changes in behavior, mood, school performance), using their pre-established rapport to speak with the student about their problems, and naming the taboo subject.

Taylor et al. (1991) studied the long-term effects of crisis-intervention training on elementary and secondary school teachers. Self-perceptions of ability to identify the

need for crisis-intervention services and provide a response was measured before a crisis-intervention training program and 10 months after the training. The study found that teachers who had participated in crisis-intervention training reported increased beliefs in ability from pre- to post-test when compared to teachers who did not participate in training.

Personalizing Crisis

We know that crises occur in everyone's life. The details and magnitude of a crisis may vary from person to person, but we have all reached a point in our lives when our normal coping mechanisms no longer work. When we don't know how to deal with the emotions of a situation.

Think for a moment about a recent crisis in your life. After you have identified the crisis, consider the following questions as they relate to your experience. When answering the questions, try to think only of the feelings associated with the crisis, rather than the details of the situation. Details make the idea of crisis specific to you; we want to consider the experience of crisis in general terms.

- What were your feelings during the crisis?
- How did you behave during the crisis? What were your actions?
- What did you want from others during the crisis?
- What helped and what hurt during the crisis?

Our goal in this training is to discuss ways that can make it easier for you to provide emotional support to students in crisis. It is only after you acknowledge that crisis is a normal occurrence that you can effectively provide emotional support to another person.

The Steps in Crisis-intervention

As discussed earlier, crisis-intervention in the schools is based largely on the models used in mental health settings. Therefore, the steps to providing crisis-intervention also are the same. Following is a list of the steps that a school is encouraged to take when providing emotional support to students in crisis.

1. Establish rapport and maintain contact with the student.
    - Establishment of rapport is the most critical stage in crisis-intervention; it is the only way we can be trusted by another person. In the case of schoolteachers, your rapport presumably will have been established prior to the crisis.
    - While establishing rapport, do not promise to keep the things they tell you a secret. As a teacher you are a mandatory reporter and legally must tell their parents if they are considering hurting themselves or if they are being abused. You can tell them that you will not break their confidentiality unless you have to and then you will let them know ahead of time. They can be as involved (i.e., telling their parents in your presence) or as uninvolved (i.e., sitting in the next room while you tell their parents) as they wish.
    - If a student's crisis suggests imminent danger (i.e., suicide), you should not leave them alone for any reason. Only leave the child in the supervision of another adult who is aware of the severity and specifics of the situation (i.e., another school staff member or their parents).
2. Identify and clarify the student's central problem.
    - Throughout this document, several ways to identify a crisis will be discussed including the use of paraphrasing and naming taboo subjects that your student may be hinting at.

3. Evaluate danger.
    - If a student is thinking of killing himself or herself, we need to determine whether they have a plan, the means to carry out that plan, and know when they plan to kill themselves. You do not have to get all of this information, but if you can it will be of great benefit to the counselor or psychologist who will be working with them.
4. Assess the student's strengths and weaknesses.
    - For example, is the student able to rely on any member(s) of their family for support, are they good at talking about problems or do they prefer to write/draw/sing about their feelings?
5. Mobilize the student's resources.
    - If a student needs more support than you can offer, you have many resources to help the student including parents, school counselors, school psychologists, community mental healthcare workers, local clergy, Department of Children and Families, Hospice, librarians (for books related to their crisis), art teachers (for suggestions about art projects or to provide you with art supplies), etc.

<u>Empathy vs. Sympathy</u>

Empathy (em-, in + pathos, feeling) 1. An objective and insightful awareness of the feelings, emotions, and behavior of another person. 2. To be distinguished from sympathy which is nonobjective.

Empathy is the process of grasping and understanding the other person's point of view – putting yourself in the other's shoes and viewing the world as they perceive it. Empathy is sensing the feelings and personal meanings the other person is experiencing

as if they were you're own and communicating something of this awareness to the other person. You are accurately empathic when you can, (1) discriminate; get inside the person, look at the world through the perspective or frame of reference of the other person, and get a feeling for what the other's world is like; and (2) communicate to the other this understanding in a way that shows the other that you have picked up both their feelings and the behavior and experience underlying these feelings.

It is important to maintain the "as if" quality, to sense the confusion, timidity or anger as if it were your own, yet without your own uncertainty or far or anger getting bound up in the understanding.

Empathy is not to be confused with sympathy (which implies agreement or feeling the same way). It is not necessary to like the other person's point of view, only to understand it and accept the feelings that are involved.

This kind of understanding is rare. We seldom receive or offer it. Instead, we offer a very different kind of understanding, such as, "I understand what is wrong with you" or, "I understand what makes you act that way." These are evaluative understandings form the outside. This type of understanding views the other person's world only in our terms, not in theirs. We analyze and evaluate their world, but we do not truly understand it. However, if someone understands what it feels like to be me, without wanting to analyze or judge me, then a climate of openness ad freedom is produced in which I can relax my defenses, explore, learn to cope with my feelings, and grow.

Paraphrasing

Various Modes of Response

There are several different ways that we respond to people. Different modes of response are more or less effective in differing situations.

- Giving advice indicates that the listener is intending to make a judgement on the relative goodness, appropriateness, or rightness of the statement. To make a judgement when someone is self-disclosing some personal information is a sure way to stop (or modify) the communication. It indicates that the responder wants to imply what the speaker should, or might do. An evaluative or advice-giving response puts the responder in a position above the speaker. The responder judges the situation presented by the speaker and relies on his or her own experience to offer what the responder considers to be the most appropriate course of action.
    - "You shouldn't let him get away with that. If I were you, I'd make him apologize."
- Interpreting conveys to the speaker that you know what the problem really means. It tells the speaker that (s) he should think how the listener thinks. The interpreting response indicates to the speaker that the listener knows the cause of the problem. When an interpretive response is used it offers the speaker information and explanations the listener feels will help clarify the problem. This response tries to answer the questions; "Why does the speaker feel this way? What is the cause of his/her feelings?" The listener, having answered these kinds of questions for himself/herself will then explain his/her conclusions to the speaker. It suggests that the listener knows the problem and the solution, without considering the speaker's perspective.

- "You feel that way because it's so hot outside and you've got so much work to do."

- Supporting intends to reassure the other person and minimizes the feelings by indication that the speaker is not alone and that others have felt that way before. Th supportive response tries to pacify or reduce the intensity of the speaker's feeling with some kind of soothing remark. The speaker's feeling is minimized when the listener indicates that the feeling is not unique and is not particularly special. The listener tries to comfort the speaker with an underlying message of, "It's not all that bad." When someone is having a rough time, it really doesn't help him or her to know that other people have also had a rough time. It almost makes them feel like they shouldn't be so distressed by it, and that certainly doesn't help the situation, to tell someone, "it isn't all that bad," when they feel it is, is disturbing.
  - "It's ok. After all, everybody feels that way sometimes."
- Probing seeks further information along a certain line. This response tells the speaker which point to discuss further. The probing indicates that the listener wants to know more about the situation, to clarify areas that were confusing for the listener, or to find out something that hadn't been said. Probing responses can be used to better understand a feeling that was unclear; they can also be used to narrow the content of the speaker's sharing or to change the subject and focus on something other than the feeling that was being discussed. A probing response is usually a question, but not all questions are probing responses.
  - "Didn't you know what you'd be expected to do? Why did you take that job in the first place?"

- Paraphrasing intends to check out whether the listener correctly understands what the speaker said. It's a statement that demonstrates, "Here's what I understand, is that correct?' It lets the other person know what feelings you are hearing from them and it lets them feel understood. It often helps the speaker to see more clearly what (s) he is expressing. The paraphrasing response shows that the listener tuned in, heard and understood the feelings.
    - "You sound really excited about this weekend, even though you are worried about meeting his parents."

We choose paraphrasing as a way to respond to others so that they will know they have been heard and understood. Sometimes you may feel like you are doing little, because you are simply restating what they have said rather than helping them solve their problems. Interestingly enough, when person finally feels like somebody has heard what is going on in his or her life they will be more likely to work towards a resolution to their crisis. Also, just because you think you have understood what another person has said doesn't mean you have. Paraphrasing is a way to check out your assumptions and perceptions. How can you know for sure without checking?

<u>What is a Paraphrase?</u>

Paraphrase is a restatement of the speaker's communication in order to test your understanding of that communication. It is a statement, in your own words, indicating what the speaker's remark conveyed to you. A paraphrase gives the speaker a chance to determine whether their message got through to you.

There are various levels of accuracy and difficulty in paraphrasing. The first level is to restate the facts that you heard. The second level consists of paraphrasing the

feelings you heard to see if you understood those feelings. And the third level is paraphrasing the emotional content of normal conversation when others may be attempting to cover up their feelings (or they may be unaware of them).

Three Types of Paraphrasing

1. Paraphrasing facts

   Statement: "My address is 923 SW 3rd Avenue."

   Response: "That was 923 SW 3rd Avenue."

2. Paraphrasing feelings

   Statement: "WOW? This is really exciting! I don't expect everything to go so well the first time around."

   Response: "You are delighted with the way things are going so far."

3. Paraphrasing the emotional content in normal conversation

   Statement: "boy, I've had it. What a day! I had to work late and then the phone's been ringing ever since I got in the door. I'm exhausted. Sure wish I could just curl up in the corner with a good book instead of going to that meeting tonight."

   Response: "Sounds like you're edgy tonight. I bet you'd like some time just to relax by yourself."

Why paraphrase?

Each person perceives us in a unique way and responds to us in terms of their "image" of us and their perception of him or herself. Our behavior may not always reflect our intentions. Our own self-image is built from the reactions others have to us.

The paraphrase is a feedback response that enables the speaker to understand what the listener is "picking up." Paraphrasing allows the speaker a chance to correct

misunderstandings and the listener to try again. We send many messages verbally and nonverbally. We even send some messages without knowing it. We have no way of knowing which messages the listener is "hearing" unless we are told.

What happens when we paraphrase?

When a listener first begins to contribute to a conversation through paraphrasing, they often feel that they "aren't doing anything." The feeling is that the paraphrase response isn't helpful because it's just a repetition of what the sharer has said.

Those of us who are anxious to contribute our share of ideas to the conversation (and thus, demonstrate that we are brilliant) realized immediately that the paraphrase response allows little room for indicating our brilliance. When paraphrasing, the listener relinquishes the leadership role and "follows" the other through the conversation.

Naming Taboo Subjects

As teachers, you will be expected to handle intense crises dealing with a range of human emotion and experiences. Many crises that your students will experience will deal with topics that are not easily discussed in our culture. Such subjects, often called taboo subjects, may include issues such as abuse, incest, rape, and AIDS.

Saying something out loud that you are ashamed of or that feels awful, often called naming the taboo subject, can be frightening to anyone. As a teacher you may be working with students who are afraid to tell anyone what is going on in their lives, their vocabulary may not be sophisticated enough to tell you exactly what is going on, or they may be ashamed to tell you. However, a student may hint around to you about what is going on in their lives.

Naming a taboo subject requires you to take a risk and trust your gut. You most likely know what another person is referring to, but taking the chance to name that taboo subject can be difficult. Most often you will be right and the person you are talking to will be relieved to have the pressure taken away from them. Now they will feel free to openly discuss how they feel, especially if you sound nonjudgmental when you name the taboo. If you take a chance and make a mistake, the worst thing that will happen is that the student will correct you… people rarely get mad when you are genuinely trying to help them.

Following are some examples of statements that students could make to you where you identify a taboo subject that they are too afraid to mention. Read the following statements and try to identify the taboo subject being hinted at. At the bottom of the list of statements you will find the taboo subjects the speaker may be hinting at.

1. "Something awful and gross happened when my babysitter took care of me last night." (rape)
2. "My dad doesn't treat my mom right sometimes. She has to stay away from her friends for a while after it happens." (spouse abuse)
3. "My mom got so angry at me the other night that she punished me really hard." (child abuse)
4. "I'm concerned about being in the house alone with my father." (incest)
5. "I wish I had some other disease so that people wouldn't be scared to be around me." (AIDS or similar stigmatizing disease)
6. "It scares me, when I drink with my friends I sometimes can't remember anything that happens for the rest of the night." (fear of alcoholism)

7. "Ever since September 11, people have treated my whole family like we are going to hurt them." (racial prejudice)
8. " I feel really dirty when I'm around my uncle." (incest)
9. "Just because I'm sick, grown-ups cry around me all the time and kids are afraid to play with me. It's like I'm already dead." (terminal illness)
10. "My brother came home from Los Angeles and told my parents that he doesn't like girls. Now my dad says he's not his son anymore." (homosexuality)

1. rape
2. spouse abuse
3. child abuse
4. incest
5. AIDS
6. fear of alcoholism
7. racial prejudice
8. incest
9. terminal illness
10. homosexuality

APPENDIX B
TRAINING MATERIALS – LECTURE GROUP

Set Up

- Participants will not be provided with any training materials for the lecture format. We hope they will gain knowledge and skills through listening to your presentation and asking questions. Specifically, the lecture will involve the facilitating trainer speaking to the whole group and asking simple questions. Any questions asked by the pre-service teachers will be answered by the facilitating trainer and documented by the training partner.

Introduction

- Thank you all for agreeing to participate in our research study.
- During this class period, I will be conducting a 45-minute presentation on providing emotional support to students in crisis. Following training, you will be asked to answer some questions, which should take approximately 15 minutes to complete. You are not required to participate in our study and you do not have to answer any question you do not wish to answer.
- Some of the concepts that we will be presenting during training may be different from your normal understanding of how to provide emotional support to others. We ask that you give us your trust for the next 45-minutes by suspending disbelief and considering what we suggest.

What is a Crisis?

- Crisis is a relative term. We have all experienced a crisis at some time in our lives. Crises can come in many forms including but not limited to (ask participants for their ideas before, any not mentioned by the participants should be presented to them):
  - suicide,
  - death of a student or teacher by natural causes,
  - murder,
  - rape,
  - auto accidents,
  - natural disasters,
  - gang warfare,
  - kidnapping,
  - hostage situations in and outside the school,
  - and national emergencies.
- Other forms of crisis that are not as apparent, but equally as real to the individual are (again, ask the participants for their ideas before providing the list to them)
  - divorce of parents,
  - moving away from friends or family,
  - separation from parents,
  - unsuccessful relationships,
  - lack of desired social acceptance,
  - or low grades.
- The severity of a crisis is relative to the individual who is experiencing it.

- By 1990 some form of crisis-intervention program in the schools was the norm. However, as crises are not necessarily a common occurrence, the theory of crisis-intervention in the schools is still in the formative stages.
- Crisis-interventionists in the schools have accepted some concepts as fundamental, many which are common to the field of crisis-intervention in general.
    1. Feelings of anxiety and helplessness in response to crisis are considered normal, not pathological.
    2. The focus of intervention is on quickly returning an individual to the "pre-crisis" state.
    3. Crisis therapy and intervention should be short-term, usually lasting no more than 6 weeks.
    4. The individual in crisis is discouraged from relying on the crisis-interventionist, as the goal is to help re-establish autonomy.
    5. By definition, the problem solving skills of an individual in crisis have been exhausted. For this reason, people in crisis are more likely to accept outside help.

<u>The Role of Teachers in Crisis-intervention</u>

- Introduce the idea that there is a great need for teachers to be able to provide emotional support to students in crisis. Unfortunately, crises in our schools today are not uncommon occurrences.
    - When large crises occur, school counselors and school psychologists will be present to provide assistance to you, the other members of your future school staff, and the students. However, it may take time for them to arrive and they will

most likely have to return to their other professional duties before students have resolved their crises.

- In the case of smaller crises (i.e., divorce of parents, loss of a significant relationship, difficulties in school), the need for the assistance of school counselors and psychologists may not be apparent without your referral.
- In either case, you will be the one with the student before counselors and psychologists arrive and after they leave. Also, next to their parents, you will have the most consistent contact with each of your students. You will have an idea about whether they seem emotionally or physically distraught, you will hear the concerns of their fellow students, and you will know about their performance in school.
- Although the idea of providing emotional support for someone in crisis can seem overwhelming, we believe that the knowledge and skills that you will develop during this training will be of great benefit to you in your future career as a teacher.

<u>Personalizing Crisis</u>

- During this part of the lecture, we are trying to help participants identify with the fact that everyone has experienced a crisis at some point in their lives.
- As I stated before crises occur in everyone's life. The details and magnitude of a crisis may vary from person to person, but we have all reached a point in our lives when our normal coping mechanisms no longer work. When we don't know how to deal with the emotions of a situation.

- You will ask the participants to identify a recent crisis in his or her life and to take a minute to think about his or her feelings during that time. Now ask them to consider the following questions:
  - What were your feelings during the crisis? If participants wish to share feelings, that would be fine. However, please tell them that we are only interested in the feelings they experienced during the crisis and not the details of their particular crisis. Details make the discussion specific, we are interested in discovering the generalities of being in crisis.
  - How did you behave during the crisis? What were your actions?
  - What did you want from others during the crisis?
  - What helped and what hurt during the crisis?
- Reinforce responses that are close to Crisis Center philosophy, while also expanding upon the differences between effective and ineffective modes of response.
- Our goal in this training is to discuss ways that can make it easier to provide emotional support to students in crisis. It is only after we acknowledge that crisis is a normal occurrence that we can effectively provide support.
- You should end this section by providing a brief summary of what works and why it works (i.e., acknowledging someone's situation rather than minimizing it).

<u>Steps in Crisis-intervention</u>

1. Establish rapport and maintain contact with the student.
   - Establishment of rapport is the most critical stage in crisis-intervention, it is the only way we can be trusted by another person. In the case of schoolteachers, your rapport presumably will have been established prior to the crisis.

- While establishing rapport, do not promise to keep the things they tell you a secret. As a teacher you are a mandatory reporter and legally must tell their parents if they are considering hurting themselves or if they are being abused. You can tell them that you will not break their confidentiality unless you have to and then you will let them know ahead of time. They can be as involved (i.e., telling their parents in your presence) or as uninvolved (i.e., sitting in the next room while you tell their parents) as they wish.
- If a student's crisis suggests imminent danger (i.e., suicide), you should not leave them alone for any reason. Only leave the child in the supervision of another adult who is aware of the severity and specifics of the situation (i.e., another school staff member or their parents).

2. Identify and clarify the student's central problem.
    - During this training, we will discuss several ways to identify a crisis including the use of paraphrasing and naming taboo subjects that your student may be hinting at.
3. Evaluate danger.
    - If a student is thinking of killing himself or herself, we need to determine whether they have a plan, the means to carry out that plan, and know when they plan to kill themselves. You do not have to get all of this information, but if you can it will be of great benefit to the counselor or psychologist who will be working with them.
4. Assess the student's strengths and weaknesses.

- For example, is the student able to rely on any member(s) of their family for support, are they good at talking about problems or do they prefer to write/draw/sing about their feelings?

5. Mobilize the student's resources.
    - If a student needs more support than you can offer, you have many resources to help the student including: parents, school counselors, school psychologists, community mental healthcare workers, local clergy, Department of Children and Families, Hospice, librarians (for books related to their crisis), art teachers (for suggestions about art projects or to provide you with art supplies), etc.

Empathy vs. Sympathy

- Sympathy is feeling sorry for someone and identifying a person's situation as your own. How do you feel when someone is sympathetic to you? The use of sympathy can be demeaning, as if the other person is worse off than you are.
- Empathy is the objective and insightful awareness of feelings, emotions, and behaviors of another person. Empathy is the ability to understand what another person is experiencing through their eyes.
- Empathy is objective, sympathy is subjective. Empathy is the acknowledgment of a person's feelings, sympathy is the judgement of a person's feelings.

Paraphrasing

- There are several different ways that we respond to people. Different modes of response are more or less effective in differing situations. For example:
    - Giving advice – indicates that the listener intends to make a judgement on the relative goodness, appropriateness, or rightness of the person's statement. An

evaluative, or advice-giving response puts the listener in a position above the other speaker, indicating that he or she would never be in that situation. An example of this way of responding is, "You shouldn't let him get away with that. If I were you, I'd make him apologize."

- Interpreting – tells the other person that the listener knows what the problem really is, and that he or she should think the same way the listener does. It suggests that the listener knows the problem and the solution, without considering the speaker's perspective. For example, "You feel that way because it is so hot outside and you've got so much work to do."
- Supporting – intends to reassure the other person, but also minimizes his or her feelings by indicating that he or she is not alone and that others have felt the same way before. These responses try to reduce the intensity of the person's feelings by telling them that , "It's okay. After all, everybody feels that way sometimes."
- Probing – is an attempt to gain further information about a topic. This type of response tells the speaker which point to elaborate on. It serves a selfish purpose, as the listener is trying to find out more about what they are interested in. For example, "Did you know what you'd be expected to do? Why did you take that job in the first place?"
- Paraphrasing – intends to check out whether the listener correctly understands what the speaker said. It lets the speaker know what the listener is hearing, helps them feel understood, and helps them have a clearer understanding of what they are expressing. For example, "You sound really excited about this weekend, even though you're worried about meeting his parents."

- We can paraphrase the facts that a person is providing us or the feelings that they are expressing. The most effective in building rapport and providing emotional support is a paraphrase that identifies feelings.
- The trainers should now give a few examples of what we mean by a paraphrase. The facilitating trainer should portray a student and give statements to the co-trainer who will portray a teacher. You do not have to go through all (or even most) of the examples provided. Just do enough that they have an idea of what a paraphrase is.
  - "I can't believe she did that to me."
  - "I don't know what I should do now."
  - "It's my fault that he got in trouble."
  - "I always have to do everything by myself, because I don't have any friends."
  - "No matter what I do, nothing changes."
  - "My dad just left me there."
  - "Everybody was looking at me. It was awful."
  - "My mom just keeps sticking her nose in my business."
  - "I don't like to go out alone after dark."
  - "It went a lot better than I thought it would."
  - "She had no right to tell my mother."
  - "I'm not sure what I should do about this."
  - "The whole thing is my fault."
  - "I wish I had friends to go to the movies and stuff with."
  - "It's the same thing, every time I stay with my mom."
  - "I can't believe she told all of my friends."

- "I looked so stupid, everyone was staring at me."
- "I don't want him in the house. He might hurt me."
- "I can't seem to get motivated to do my homework."
- "He's not my father. He can't tell me what to do."
- "I can't believe my parents are getting a divorce."
- "I don't know how to tell my parents that I'm gay."

- It is amazing just how powerful paraphrasing emotion can be to a person in crisis. Provide a summary of the value of paraphrasing before moving on to the last section.

Naming Taboo Subjects

- As teachers, you will be expected to handle intense crises dealing with a range of human emotion and experiences. Many crises that your students will experience will deal with topics that are not easily discussed in our culture. Such subjects, often called taboo subjects, may include abuse, incest, rape, and AIDS.
- Naming taboo subjects can be frightening to anyone. As a teacher you may be working with students who are afraid to tell anyone what is going on in their lives, their vocabulary may not be sophisticated enough to tell you exactly what is going on, or they may be ashamed to tell you. However, people often will hint around to you about what is going on in their lives.
- Naming taboo subjects requires you to take a risk and trust your gut. You most likely know what they are referring to, but naming that taboo can be difficult. Most often you will be right and the person you are talking to will be relieved to have the pressure taken away from them. Remind them that the worst thing that can happen is

that the student will correct them… people rarely get mad when you are genuinely trying to help them.

- At this point the facilitating trainer will again portray a student and the co-trainer will portray the teacher and model naming some taboo subjects. This will give the participants an opportunity to see what you are talking about. It also may be helpful for the facilitating trainer to respond to the co-trainer's paraphrase, to model how acknowledgement of the taboo subject helps to open up the student for further conversation.
- You do not have to go through all the examples, just be sure that your audience understands your point. You may want to give the group a chance to name a few by having the facilitating trainer read the example and ask the participants if they know what the taboo subject is.
    - "Something awful and gross happened when my babysitter took care of me last night." (rape)
    - "My dad doesn't treat my mom right sometimes. She has to stay away from her friends for a while after it happens." (spouse abuse)
    - "My mom got so angry at me the other night that she punished me really hard." (child abuse)
    - "I'm concerned about being in the house alone with my father." (incest)
    - "I wish I had some other disease so that people wouldn't be scared to be around me." (AIDS or similar stigmatizing disease)
    - "It scares me, when I drink with my friends I sometimes can't remember anything that happens for the rest of the night." (fear of alcoholism)

- "Ever since September 11, people have treated my whole family like we are going to hurt them." (racial prejudice)
- " I feel really dirty when I'm around my uncle." (incest)
- "Just because I'm sick, grown-ups cry around me all the time and kids are afraid to play with me. It's like I'm already dead." (terminal illness)
- "My brother came home from Los Angeles and told my parents that he doesn't like girls. Now my dad says he's not his son anymore." (homosexuality)

Wrap Up

- At the end of the session, the facilitating trainer should quickly review all the information that the group has discussed. Point out all that they have learned:
  - what crisis is,
  - what a teacher's role is in crisis-intervention,
  - the personalization of crisis,
  - steps in crisis-intervention,
  - paraphrasing,
  - and naming taboo subjects.
- By using what they have learned today and relying on the support of their school counselors and psychologists, they will be in a position to provide emotional support to their students when faced with crisis.

Completion of the Questionnaires

- At the end of the 45-minute training session, the facilitating trainer will ask the participants to complete the forms being distributed. It will be important to begin the data collection phase on time so that the participants will be able to complete the

forms. Participants should not put any identifying information (i.e., names, social security numbers) on the questionnaires.

- The other trainers should distribute the questionnaires and pencils to those who need them while the facilitating trainer is explaining the data collection process. Trainers should wait by the doors to collect the questionnaires while the participants leave class.

APPENDIX C
TRAINING MATERIALS – INTERACTIVE GROUP

Set Up

- Participants will not be provided with training materials for the interactive workshop format. We hope they will gain knowledge and skills through interactive participation. If they are focused on taking notes and following along in a document they may be less likely to participate in discussions and activities.
- The class should be divided into smaller groups of equal size not exceeding 10 participants per group.
- To determine groups, one trainer (not the facilitating trainer) will give index cards to each participant as they enter the room. Printed on the index cards will be the group number and, "Thank you for your participation in this research project. Please keep this number. It is important that each participant keep the number they were originally given."
- The facilitating trainer will introduce the study and provide some quick insight into what a crisis is and the need for teachers to be prepared to provide emotional support to students in crisis. At the beginning of the introduction, the facilitating trainer will explain to the participants that it is important to keep the number they originally were given. At the end of the introduction, the facilitating trainer will ask that participants move to the designated area for their group. Participants will be encouraged to take their belongings with them, as they will be in the groups for the remainder of the

training session. Each group will be lead by a trainer who will introduce discussions and set up activities intended to improve the understanding of specific concepts.

- The concepts to be addressed through activities are personalizing crisis, paraphrasing, and naming taboos. The remaining concepts (i.e., empathy vs. sympathy, paraphrasing vs. other modes of response, and steps in crisis-intervention) and any questions asked by the pre-service teachers will involve discussions including all group members. Trainers are encouraged to answer questions. However, because of the importance of asking participants to suspend disbelief during training and time constraints, trainers should try to keep questions to a minimum.

Introduction By Facilitating Trainer

- Thank you all for agreeing to participate in our research study. Please keep the original index card that you were handed as you entered the room. The number on the index card will designate which group you will be placed in for the interactive parts of this training. It is important to the research that you not trade numbers with any person for any reason.
- During this class period, we will be conducting a 45-minute training session on providing emotional support to students in crisis. Following training, you will be asked to answer some questions, which should take approximately 15 minutes to complete. You are not required to participate in our study and you do not have to answer any question you do not wish to answer.
- Some of the concepts that we will be presenting during training may be different from your normal understanding of how to provide emotional support to others. We ask

that you will give us your trust for the next 45-minutes by suspending disbelief and trying what we suggest.

What is a Crisis?

- Crisis is a relative term, we have all experienced crisis at some time in our lives. Crises can come in many forms including but not limited to suicide, death of a student or teacher by natural causes, murder, rape, auto accidents, natural disasters, gang warfare, kidnapping, hostage situations in and outside the school, and national emergencies. Other forms of crisis that are not as apparent, but equally as real to the individual are divorce of parents, moving away from friends or family, separation from parents, unsuccessful relationships, lack of desired social acceptance, or low grades. The severity of a crisis is relative to the individual who is experiencing it.
- By 1990 some form of crisis-intervention program in the schools was the norm. However, as crises are not necessarily a common occurrence, the theory of crisis-intervention in the schools is still in the formative stages.
- Crisis-interventionists in the schools have accepted some concepts as fundamental, many which are common to the field of crisis-intervention in general.
    1. Feelings of anxiety and helplessness in response to crisis are considered normal, not pathological.
    2. The focus of intervention is on quickly returning an individual to the "pre-crisis" state.
    3. Crisis therapy and intervention should be short-term, usually lasting no more than 6 weeks.

4. The individual in crisis is discouraged from relying on the crisis-interventionist, as the goal is to help re-establish autonomy.
5. By definition, the problem solving skills of an individual in crisis have been exhausted. For this reason, people in crisis are more likely to accept outside help.

The Role of Teachers in Crisis-Intervention

- Introduce the idea that there is a great need for teachers to be able to provide emotional support to students in crisis. Unfortunately, crises in our schools today are not uncommon occurrences.
  - When large crises occur, school counselors and school psychologists will be present to provide assistance to you, the other members of your future school staff, and the students. However, it may take time for them to arrive and they will most likely have to return to their other professional duties before students have resolved their crises.
  - In the case of smaller crises (i.e., divorce of parents, loss of a significant relationship, difficulties in school), the need for the assistance of school counselors and psychologists may not be apparent without your referral.
  - In either case, you will be the one with the student before counselors and psychologists arrive and after they leave. Also, next to their parents, you will have the most consistent contact with each of your students. You will have an idea about whether they seem emotionally or physically distraught, you will hear the concerns of their fellow students, and you will know about their performance in school.

- Although the idea of providing emotional support for someone in crisis can seem overwhelming, we believe that the knowledge and skills that you will develop during this training will be of great benefit to you in your future career as a teacher.

Break Into Groups

- We will now break down into the smaller groups, each group will be lead by a trainer (introduce your co-trainers by stating their first names and their group number). Now, please move to your designated groups. We will be staying in these groups for the remainder of the class period, so please take all your personal belongings with you.

Group Introduction

- Introduce yourself again and ask all group members to introduce themselves (it will be helpful to write their names down to remember them as you lead the group through the training session).

Personalizing Crisis

- At the beginning of this activity you will facilitate a discussion which includes the following components: crises occur in everyone's life, a crisis challenges one's coping skills, a crisis pushes one beyond his or her usual tolerance.
- You will ask the participants to identify a recent crisis in his or her life and to take a minute to think about his or her feelings during that time. You should make it clear that the discussion is to focus on feelings about the crisis and *should not include actual details* of the crisis.

- After a minute or so, ask them each to share the following things with the group (it may be helpful for you to start the first time, if the group appears timid).
  - What were your feelings during the crisis (you may need to remind them again that they *should not include actual details* of the crisis)?
  - How did you behave during the crisis? What were your actions?
  - What did you want from others during the crisis?
  - What helped and what hurt during the crisis?
- Reinforce responses that are close to Crisis Center philosophy, while also expanding upon the differences between effective and ineffective modes of response.
- At the end of this activity, participants should understand that the purpose of this training is to learn how to effectively help others.
- You should end this activity by providing a brief summary of what works and why it works.

<u>Steps in Crisis-Intervention</u>

- During this discussion, you will present the steps in crisis-intervention (from the perspective of a teacher in a school). Take time to explain why each step is important to the process.

1. Establish rapport and maintain contact with the student.
   - Establishment of rapport is the most critical stage in crisis-intervention, it is the only way we can be trusted by another person. In the case of schoolteachers, your rapport presumably will have been established prior to the crisis.
   - While establishing rapport, do not promise to keep the things they tell you a secret. As a teacher you are a mandatory reporter and legally must tell their

parents if they are considering hurting themselves or if they are being abused. You can tell them that you will not break their confidentiality unless you have to and then you will let them know ahead of time. They can be as involved (i.e., telling their parents in your presence) or as uninvolved (i.e., sitting in the next room while you tell their parents) as they wish.

- If a student's crisis suggests imminent danger (i.e., suicide), you should not leave them alone for any reason. Only leave the child in the supervision of another adult who is aware of the severity and specifics of the situation (i.e., another school staff member or their parents).

2. Identify and clarify the student's central problem.
    - During this training, we will discuss several ways to identify a crisis including the use of paraphrasing and naming taboo subjects that your student may be hinting at.
3. Evaluate danger.
    - If a student is thinking of killing himself or herself, we need to determine whether they have a plan, the means to carry out that plan, and know when they plan to kill themselves. You do not have to get all of this information, but if you can it will be of great benefit to the counselor or psychologist who will be working with them.
4. Assess the student's strengths and weaknesses.
    - For example, is the student able to rely on any member(s) of their family for support, are they good at talking about problems or do they prefer to write/draw/sing about their feelings?

5. Mobilize the student's resources.
    - If a student needs more support than you can offer, you have many resources to help the student including: parents, school counselors, school psychologists, community mental healthcare workers, local clergy, Department of Children and Families, Hospice, librarians (for books related to their crisis), art teachers (for suggestions about art projects or to provide you with art supplies), etc.

Empathy Vs. Sympathy

- Sympathy is feeling sorry for someone and identifying a person's situation as your own. How do you feel when someone is sympathetic to you? The use of sympathy can be demeaning, as if the other person is worse off than you are.
- Empathy is the objective and insightful awareness of feelings, emotions, and behaviors of another person. Empathy is the ability to understand what another person is experiencing through their eyes.
- Empathy is objective, sympathy is subjective. Empathy is the acknowledgment of a person's feelings, sympathy is the judgement of a person's feelings.

Paraphrasing

- There are several different ways that we respond to people. Different modes of response are more or less effective in differing situations. For example:
    - Giving advice – indicates that the listener intends to make a judgement on the relative goodness, appropriateness, or rightness of the person's statement. An evaluative, or advice-giving response puts the listener in a position above the other speaker, indicating that he or she would never be in that situation. An

example of this way of responding is, "You shouldn't let him get away with that. If I were you, I'd make him apologize."

- Interpreting – tells the other person that the listener knows what the problem really is, and that he or she should think the same way the listener does. It suggests that the listener knows the problem and the solution, without considering the speaker's perspective. For example, "You feel that way because it is so hot outside and you've got so much work to do."
- Supporting – intends to reassure the other person, but also minimizes his or her feelings by indicating that he or she is not alone and that others have felt the same way before. These responses try to reduce the intensity of the person's feelings by telling them that , "It's okay. After all, everybody feels that way sometimes."
- Probing – is an attempt to gain further information about a topic. This type of response tells the speaker which point to elaborate on. It serves a selfish purpose, as the listener is trying to find out more about what they are interested in. For example, "Did you know what you'd be expected to do? Why did you take that job in the first place?"
- Paraphrasing – intends to check out whether the listener correctly understands what the speaker said. It lets the speaker know what the listener is hearing, helps them feel understood, and helps them have a clearer understanding of what they are expressing. For example, "You sound really excited about this weekend, even though you're worried about meeting his parents."

- We can paraphrase the facts that a person is providing us or the feelings that they are expressing. The most effective in building rapport and providing emotional support is a paraphrase that identifies feelings.
- Trainers will now lead the participants through a paraphrasing exercise, to allow everyone the opportunity to experience paraphrasing successfully at least once. The trainer should portray a student and give statements to the participants (as teachers). We want them to paraphrase the emotion that the listener is communicating. Suggest that they begin their statement with, "It sounds like." or, "You feel like." Anyone who struggles with the exercise should be given the opportunity to try again.
  - "I can't believe she did that to me."
  - "I don't know what I should do now."
  - "It's my fault that he got in trouble."
  - "I always have to do everything by myself, because I don't have any friends."
  - "No matter what I do, nothing changes."
  - "My dad just left me there."
  - "Everybody was looking at me. It was awful."
  - "My mom just keeps sticking her nose in my business."
  - "I don't like to go out alone after dark."
  - "It went a lot better than I thought it would."
  - "She had no right to tell my mother."
  - "I'm not sure what I should do about this."
  - "The whole thing is my fault."
  - "I wish I had friends to go to the movies and stuff with."

- "It's the same thing, every time I stay with my mom."
- "I can't believe she told all of my friends."
- "I looked so stupid, everyone was staring at me."
- "I don't want him in the house. He might hurt me."
- "I can't seem to get motivated to do my homework."
- "He's not my father. He can't tell me what to do."
- "I can't believe my parents are getting a divorce."
- "I don't know how to tell my parents that I'm gay."

- When everyone has had a chance to be successful, acknowledge how awkward it can feel at first to paraphrase emotion. Because we are working with a very limited amount of time, it will be important to help the participants understand just how powerful paraphrasing emotion can be to a person in crisis. Provide a summary of the value of paraphrasing before moving on to the last activity.

Naming Taboo Subjects

- Teachers will be expected to handle intense crises dealing with a range of human emotion and experiences. Naming taboo subjects can be frightening, you have to take a risk and trust your gut. Remind them that the worst thing that can happen is that the student will correct them… people rarely get mad when you are genuinely trying to help them.
- During this activity the trainer will give each participant the opportunity to use paraphrasing to acknowledge the taboo subject that a student seems to be hinting at. Trainers should portray the student and ask the participant to respond as the teacher by paraphrasing the taboo subject. It also may be helpful for the trainers to respond

to the participant's paraphrase, to model how acknowledgement of the taboo subject helps to open up the student for further conversation.

- "Something awful and gross happened when my babysitter took care of me last night." (rape)
- "My dad doesn't treat my mom right sometimes. She has to stay away from her friends for a while after it happens." (spouse abuse)
- "My mom got so angry at me the other night that she punished me really hard." (child abuse)
- "I'm concerned about being in the house alone with my father." (incest)
- "I wish I had some other disease so that people wouldn't be scared to be around me." (AIDS or similar stigmatizing disease)
- "It scares me, when I drink with my friends I sometimes can't remember anything that happens for the rest of the night." (fear of alcoholism)
- "Ever since September 11, people have treated my whole family like we are going to hurt them." (racial prejudice)
- " I feel really dirty when I'm around my uncle." (incest)
- "Just because I'm sick, grown-ups cry around me all the time and kids are afraid to play with me. It's like I'm already dead." (terminal illness)
- "My brother came home from Los Angeles and told my parents that he doesn't like girls. Now my dad says he's not his son anymore." (homosexuality)

<u>Wrap Up</u>

- At the end of the trainer should quickly review all the information that the group has discussed and all the skills they have learned: what crisis is, what a teacher's role is in

crisis-intervention, the personalization of crisis, steps in crisis-intervention, paraphrasing, and naming taboo subjects.

- By using what they have learned today and relying on the support of their school counselors and psychologists, they will be in a position to provide emotional support to their students when faced with crisis.

Completion of Questionnaires

- At the end of the 45-minute training session, the facilitating trainer will ask the participants to complete the forms being distributed. It will be important to begin the data collection phase on time so that the participants will be able to complete the forms. Participants should not put any identifying information (i.e., names, social security numbers) on the questionnaires.
- The other trainers should distribute the questionnaires and pencils to those who need them while the facilitating trainer is explaining the data collection process. Trainers should wait by the doors to collect the questionnaires while the participants leave class.

APPENDIX D
PARTICIPANT CONSENT FORM

Study Title:

The Effects of Three Different Approaches to
Crisis Intervention Training with Pre-Service Teachers

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:

To determine the effectiveness of three different approaches to crisis intervention training with pre-service teachers.

What you will be asked to do in this study:

You will participate in a 45-minute training session on crisis intervention in the schools. Your participation may include reading, listening to a lecture, or participating in activities related to crisis intervention. Following the 45-minute training session, you will be asked to answer a series of questions that should take approximately 10 to 15 minutes to complete. You do not have to answer any questions you do not wish to answer.

Time required:

1 hour

Risks and Benefits:

Receiving training in crisis intervention, more specifically in how to provide emotional support to students in crisis, is the primary potential benefit to you as a pre-service teacher. There are no potential risks to you as a participant in this research study.

Compensation:

You will receive no compensation for your participation in this research study.

Confidentiality:

Your identity will be kept confidential to the extent provided by law. You will not be asked to provide any identifying information (i.e., name, social security number) on the questionnaires. Your name will not be used in any report.

Voluntary participation:

Your participation in this study is completely voluntary. There is no penalty for not participating.

Right to withdraw from the study:

You have the right to withdraw from the study at anytime without consequence.

Whom to contact if you have any questions about the study:

Kara E. Alker; Graduate Student; Department of Educational Psychology; College of Education; 11 S.W. 24th St., Gainesville, FL 32607; 352-367-8001

Nancy Waldron, Ph.D., Department of Educational Psychology, College of Education, 1403 Norman Hall, 392-0723

Whom to contact about your rights as a research participant in the study:

UFIRB Office, Box11250, University of Florida, Gainesville, FL 32611-2250; 392-0433

Agreement:

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant:_____ Date:_____

Principal Investigator:_____ Date:_____

APPENDIX E
TEACHERS' PERCEIVED SELF-EFFICACY RELAQTED TO
ADOLESCENT SUICIDE QUESTIONNAIRE - ADAPTED

Please respond to each question by circling the number to the right that is most representative of how you feel on a scale from 1 (strongly disagree) to 7 (strongly agree).

	Strongly Disagree						Strongly Agree
1. I believe I can recognize a student in crisis.	1	2	3	4	5	6	7
2. I believe I can talk with teachers, counselors, and psychologists to help determine whether a student is in crisis.	1	2	3	4	5	6	7
3. I believe I can talk with the parents of a student to help determine whether the student is in crisis.	1	2	3	4	5	6	7
4. I believe I can ask a student in crisis about the specific issues they are dealing with.	1	2	3	4	5	6	7
5. I believe I can effectively offer support to a student in crisis by paraphrasing their emotions.	1	2	3	4	5	6	7
6. I believe I can take the risk to name a taboo subject being referred to by a student.	1	2	3	4	5	6	7
7. I believe I can refer a student in crisis to a school counselor or psychologist.	1	2	3	4	5	6	7
8. I believe if I can recognize a student in crisis it will reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7
9. I believe if I talk with teachers, counselors, and psychologists at my school to help determine whether a student is in crisis it will reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7
10. I believe if I talk with the parent(s) of a student to help determine whether the student is in crisis it will reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7

11.	I believe if I ask a student in crisis about the specific issues they are dealing with it will reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7
12.	I believe if I paraphrase the emotions of a student in crisis it will help reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7
13.	I believe if I take the risk to name the taboo subject being referred to by the student it will reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7
14.	I believe if I effectively offer support to a student in crisis, it will reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7
15.	I believe if I refer a student in crisis to a school counselor or psychologist it will reduce the long-term negative effects of the situation.	1	2	3	4	5	6	7
16.	I believe as a high school teacher, one of the most important things I could ever do is provide emotional support to a student in crisis.	1	2	3	4	5	6	7
17.	I believe one of the most important things a school system could ever do is to establish a program to help recognize and support students in crisis.	1	2	3	4	5	6	7

APPENDIX F

Table F-1. Item Total Correlations for Pilot Data – Measuring Attitude Using Teachers' Perceived Self-Efficacy Related to Adolescent Suicide Questionnaire, Adapted

Item	Mean	Standard deviation	Corrected item-total correlation	Alpha if item deleted
1	4.800	0.866	0.547	0.908
2	5.160	1.179	0.449	0.910
3	5.080	1.222	0.484	0.909
4	5.040	1.206	0.457	0.910
5	5.400	1.118	0.566	0.907
6	4.880	1.563	0.435	0.912
7	5.840	1.247	0.464	0.910
8	5.960	1.337	0.665	0.904
9	5.280	1.768	0.713	0.902
10	5.000	1.472	0.694	0.903
11	4.720	1.541	0.849	0.897
12	5.440	1.193	0.777	0.901
13	4.800	1.322	0.689	0.903
14	5.880	1.268	0.644	0.905
15	5.640	1.254	0.469	0.910
16	5.680	1.281	0.555	0.907
17	5.840	1.247	0.538	0.908

N = 25
Alpha = 0.911

APPENDIX G

Table G-1. Item Total Correlations for Final Data – Measuring Attitude Using Teachers' Perceived Self-Efficacy Related to Adolescent Suicide Questionnaire, Adapted

Item	Mean	Standard deviation	Corrected item-total correlation	Alpha if item deleted
1	5.229	0.967	0.504	0.928
2	6.035	1.070	0.672	0.925
3	4.964	1.201	0.548	0.928
4	5.511	1.126	0.710	0.924
5	5.664	1.181	0.615	0.926
6	5.329	1.272	0.469	0.930
7	6.176	1.111	0.674	0.925
8	6.205	1.070	0.711	0.924
9	6.088	1.065	0.735	0.924
10	5.517	1.315	0.609	0.927
11	5.600	1.208	0.666	0.925
12	5.258	1.329	0.644	0.926
13	5.205	1.309	0.701	0.924
14	6.229	0.942	0.706	0.925
15	5.794	1.048	0.725	0.924
16	6.035	1.171	0.616	0.926
17	5.800	1.294	0.629	0.926

N = 170
Alpha = 0.930

APPENDIX H
RELATIONSHIP INVENTORY

Below are listed a variety of ways one person could feel or behave in relation to other people.
Please carefully consider each statement with respect to whether you think it is true or not true about you. Please respond to each question by circling the number to the right according to how strongly you feel it is true or not true according to the following scale:

1: No, I strongly feel that it is not true
2: No, I feel it is not true,
3: No, I feel that it is probably untrue, or more untrue than true.
4: Yes, I feel that it is probably true, or more true that untrue.
5: Yes, I feel it is true.
6: Yes, I strongly feel that it is true.

	No, Strongly Not True					Yes, Strongly True
1. I want to understand how others see things.	1	2	3	4	5	6
2. I understand other people's words but do not know how they actually feel.	1	2	3	4	5	6
3. I nearly always know exactly what others mean.	1	2	3	4	5	6
4. I look at what others do from my own point of view.	1	2	3	4	5	6
5. I usually sense or realize how others are feeling.	1	2	3	4	5	6
6. What others say or do sometimes arouses feelings in me that prevent me from understanding them.	1	2	3	4	5	6
7. Sometimes I think that others feel a certain way because that's the way I feel myself.	1	2	3	4	5	6
8. I can tell what others mean even when they have difficulty saying it.	1	2	3	4	5	6
9. I usually understand the whole of what others mean.	1	2	3	4	5	6

10.	I ignore some of other people's feelings.	1	2	3	4	5	6
11.	I appreciate just how others' experiences feel to them.	1	2	3	4	5	6
12.	At times I think that others feel strongly about something and then it turns out that they don't.	1	2	3	4	5	6
13.	At the time I don't realize how touchy or sensitive others are about some of the things we discuss.	1	2	3	4	5	6
14.	I understand others.	1	2	3	4	5	6
15.	I often respond to others rather automatically, without taking in what they are experiencing.	1	2	3	4	5	6
16.	When others are hurt or upset I can recognize just how they feel, without getting upset myself.	1	2	3	4	5	6

APPENDIX I

Table I-1. Item Total Correlations for Pilot Data – Measuring Empathy Using Relationship Inventory

Item	Mean	Standard deviation	Corrected item-total correlation	Alpha if item deleted
1	5.520	0.918	0.105	0.822
2	3.480	1.084	0.536	0.795
3	4.640	0.860	0.264	0.813
4	4.400	0.816	0.632	0.793
5	4.560	0.960	0.507	0.798
6	4.840	0.800	0.528	0.798
7	4.960	0.611	0.457	0.804
8	4.640	0.995	0.322	0.828
9	4.240	1.052	0.354	0.808
10	4.080	1.077	0.723	0.781
11	3.066	1.118	0.402	0.805
12	3.680	1.144	0.592	0.791
13	4.760	0.663	0.190	0.815
14	3.920	1.222	0.369	0.808
15	4.360	1.186	0.494	0.798
16	4.320	1.180	0.544	0.794

N = 25
Alpha = 0.8143

APPENDIX J

Table J-1. Item Total Correlations for Final Data – Measuring Empathy Using Relationship Inventory

Item	Mean	Standard deviation	Corrected item-total correlation	Alpha if item deleted
1	5.365	0.836	0.270	0.792
2	3.567	1.406	0.329	0.792
3	3.896	1.077	0.362	0.787
4	3.128	1.204	0.253	0.796
5	4.865	0.802	0.468	0.781
6	3.573	1.253	0.579	0.769
7	3.286	1.290	0.415	0.783
8	4.384	0.894	0.430	0.783
9	4.335	0.838	0.454	0.782
10	4.524	1.255	0.580	0.769
11	4.506	1.042	0.241	0.795
12	3.664	1.199	0.440	0.781
13	3.670	1.345	0.445	0.780
14	4.780	0.759	0.510	0.780
15	4.353	1.013	0.458	0.780
16	4.097	1.080	0.189	0.799

N = 164
Alpha = 0.795

APPENDIX K
APPLIED KNOWLEDGE OF CRISIS SKILLS

ased on the following scenario, please circle the letter to the left of the answer most appropriate
)r a
:acher working with a student in crisis.

ddy is a fifth grade student Birchwood Elementary School. It is January 27 and he has just
:en in his fourth serious fight since returning from Christmas break. When Eddy was sent to
ıe assistant principal's office for fighting *again* he said that he didn't care about the jerk kids in
is class, they are annoying and stupid. The assistant principal immediately reprimanded Eddy
)r using inappropriate language in school. Eddy responded by saying, "Leave me alone, you
)n't have a clue what it means to be inappropriate!"

is teacher became concerned for Eddy because his recent aggressive behavior is out of
ıaracter. When she approached Eddy about the change in his behavior he collapsed in tears and
)ld her that life has sucked since his father died when he was in 3rd grade. His mother only
'aited six months until she started dating a man who beats her up and makes her do bad things
ı front of him and his sister. Then he asked his teacher to promise not to tell anyone what he
ıared with her because the Department of Children and Families (DCF) has already come to
ıeir house once when his sister told the counselor about the abuse. When the social workers
)m DCF left, Eddy's mom's boyfriend told them they better keep quiet or they would be sorry.

1. In response to Eddy's fourth serious fight in one month, which of the following would be the most appropriate statement?

    a) "It is apparent that you are frustrated, and we often feel like fighting when horrible things happen, but you are just going to have to figure out a better way to deal with your anger!"
    b) "So many terrible things have happened in your life and you don't know what to do with all the bad feelings. Sometimes you lose control without knowing what has happened."
    c) "Fighting with your classmates is not the answer to your problems. First of all, it is not their fault, and second, nobody wants to be friends with a bully."
    d) "You know that we all have big problems in our lives. Maybe you should just talk to me about your feelings."

2. In response to Eddy's inappropriate language with the assistant principal, which of the following would be the most suitable statement?

a) "You feel angry and don't know how to tell people about your awful life, especially in words that are okay for school."
b) "You feel angry, but you need to think of nice words to use in school."
c) "Life can be tough, you need to find a way to get through this otherwise you are letting your mother and her boyfriend ruin your life!"
d) "I know that you are upset, but you cannot take your anger out on other people!"

3. In response to Eddy's mother's behavior, which of the following would be the most appropriate statement?

a) "Your mom is not taking responsibility for her actions and you kids are the ones being hurt the most. She should feel guilty, Sweetheart, not you!"
b) "You wish your father were still alive to take care of your family. Then none of this would be happening!"
c) "You have got to tell your mother to take care of herself. You are the man of the house not her boyfriend!"
d) "You should not feel guilty, you are only a little boy and it's not your job to keep your mom safe!"

4. In response to Eddy's request to keep their conversation a secret, which of the following would be the most appropriate statement?

a) "I know you are scared of what might happen if I tell other adults about what is happening in your home, but I have to tell. It is my job!"
b) "You should not be scared, this is the only way that things are going to get better for you and your sister."
c) "You don't want me to tell anyone because you are afraid of what might happen to you and your family. Do you have family or friends that you could stay with if things get bad?"
d) "I am scared too, I wish that I could keep this a secret. But I could lose my job and you will not be any better off than you were this morning."

ased on the information presented today, please circle the most appropriate answer to each uestion.

1. According to the materials presented today, _____ is the objective and insightful awareness of the feelings, emotions, and behaviors of another person. It is the ability to understand what another person is experiencing through their eyes.

a) sympathy
b) judgment
c) empathy
d) kindness

2. A teacher's role in crisis intervention in the schools is important for all of the following reasons except:

    a) Teachers have a legal obligation to identify crises in students.
    b) It may take time for school counselors and psychologists to arrive.
    c) In the case of smaller crises (i.e., the divorce of parents, loss of a significant relationship), the need for the assistance of school counselors and psychologists may not be apparent without your referral.
    d) Next to the parents, teachers have the most consistent contact with each of your students.

3. According to the information presented today, the severity of a crisis is:

    a) easy to determine based on the amount of anxiety, depression, and/or suicidality present in an individual.
    b) important to understand if you are going to provide any support to an individual in crisis.
    c) evident as soon as you understand the details of this crisis.
    d) relative to the individual who is experiencing it.

4. All of the following are commonly accepted concept among crisis interventionists in the schools today, except:

    a) Feelings of anxiety and helplessness in response to crisis are considered normal, not pathological.
    b) Crisis therapy and intervention should last at least 7 weeks.
    c) The focus on intervention is on quickly returning an individual to the "pre-crisis" state.
    d) By definition, the problem solving skills of an individual in crisis have been exhausted.

5. _____ intends to check out whether the listener correctly understands what the speaker said. It lets the speaker know what the listener is hearing, helps them feel understood, and helps them have a clearer understanding of what they are experiencing.

    a) Probing
    b) Interpreting
    c) Paraphrasing
    d) Supporting

6. If a student tells you that she is considering suicide, you can assist the counselor or psychologist who will be working with the student by evaluating her level of danger. The evaluation of danger includes all of the following, except:

    a) Why she is planning to commit suicide.
    b) Whether she has a plan.
    c) If she has access to the means to carry out her plan.
    d) When she intends to kill herself.

7. Which type of response is evaluative in nature? Indicating that the listener intends to make a judgment on the relative goodness, appropriateness, or rightness of the person's statement?

    a) Interpreting
    b) Giving advice
    c) Supporting
    d) Paraphrasing

8. When providing emotional support to a student in crisis, it is important to do all of the following except:

    a) Paraphrase his feelings.
    b) Establish rapport.
    c) Share similar personal experiences with him.
    d) Listen.

9. By definition, being in a state of crisis involves:

    a) the breakdown of normal coping skills.
    b) an inability to focus during work/school.
    c) crying uncontrollably.
    d) a loss of support from family and/or friends.

10. Naming a taboo subject requires you to do all of the following except:

    a) Take a risk and name the topic you believe is being alluded to.
    b) Save the student from the fear of how you may react by naming the topic yourself.
    c) Prove to the student that you understand what he is going through.
    d) Give the student permission to discuss the topic.

APPENDIX L

Table L-1. Item Total Correlations for Pilot 1 – Measuring Transfer of Knowledge and Skills Using Applied Knowledge of Crisis Skills

Item	Mean	Standard deviation	Corrected item-total correlation	Alpha if item deleted
1-know	0.500	0.592	0.200	0.442
2-know	1.000	0.000	0.000	0.469
3-know	1.000	0.000	0.000	0.469
4-know	0.964	0.189	-0.198	0.503
5-know	0.928	0.262	0.154	0.451
6-know	0.928	0.262	0.154	0.451
7-know	0.928	0.262	0.445	0.389
8-know	0.250	0.441	0.153	0.455
9-know	0.821	0.390	0.347	0.390
10-know	0.392	0.297	0.108	0.477
11-know	0.928	0.262	-0.025	0.487
12-know	0.857	0.356	0.489	0.350
13-know	0.928	0.262	0.154	0.451
14-know	0.928	0.262	0.063	0.469
15-know	0.928	0.262	0.154	0.451

N = 28
Alpha = 0.467

APPENDIX M

Table M-1. Item Total Correlations for Pilot 2 – Measuring Transfer of Knowledge and Skills Using Applied Knowledge of Crisis Skills

Item	Mean	Standard deviation	Corrected item-total correlation	Alpha if item deleted
1-know	0.823	0.393	0.267	0.438
2-know	0.823	0.393	0.014	0.500
3-know	0.294	0.469	0.631	0.312
4-know	0.705	0.469	0.358	0.405
5-know	1.000	0.000	0.000	0.484
6-know	0.823	0.393	0.358	0.415
7-know	0.647	0.492	-0.276	0.588
8-know	0.352	0.492	0.767	0.250
9-know	0.470	0.514	0.551	0.328
10-know	0.880	0.332	0.194	0.458
11-know	0.352	0.492	-0.135	0.552
12-know	1.000	0.000	0.000	0.484
13-know	0.823	0.393	0.959	0.481
14-know	0.882	0.332	-0.437	0.577

N = 17
Alpha = 0.481

APPENDIX N

Table N-1. Item Total Correlations for Final Data – Measuring Transfer of Knowledge and Skills Using Applied Knowledge of Crisis Skills

Item	Mean	Standard Deviation	Corrected Item-Total Correlation	Alpha if item deleted
1-skill	0.706	0.456	0.238	0.502
2-skill	0.610	0.489	0.272	0.493
3-skill	0.355	0.480	0.114	0.532
4-skill	0.480	0.510	0.177	0.517
5-know	0.971	0.166	0.130	0.526
6-know	0.361	0.481	0.111	0.533
7-know	0.802	0.399	0.250	0.501
8-know	0.598	0.491	0.225	0.505
9-know	0.932	0.252	0.300	0.503
10-know	0.587	0.493	0.355	0.470
11-know	0.491	0.501	0.130	0.529
12-know	0.926	0.261	0.112	0.526
13-know	0.768	0.423	0.166	0.518
14-know	0.683	0.466	0.231	0.504

N = 177
Alpha = 0.531

APPENDIX O
DEMOGRAPHIC QUESTIONNAIRE

Please circle the most accurate answer for each question.

Age:	Under 17	18 to 22	23 to 29	30 to 39	40 & over
Sex:	Male	Female			
Year in school:	Freshman	Sophomore	Junior	Senior	Post-Baccalaureate
Education Major?	Yes	Undecided	No		
Do you have crisis intervention experience?	Yes	No			
If yes, please briefly describe:					

Thank you for your participation!

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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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