Responding to CRISIS in the Adventist Educational Environment:

A CISM Perspective

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Schools are not immune to traumatic events. Recent incidents such as the swine flu pandemic outbreak or the mass shootings that occurred at Virginia Tech painfully remind us that, in an evil world, schools will continue to face crises and threats. Schools are also affected by other challenges, which may include suicides, accidental deaths, severe life-threatening physical injuries, unexpected illnesses or deaths, and sexual assaults or abuse.

Despite the wholistic approach of their educational environment, Adventist students still remain vulnerable to traumatic events that can affect them physically, emotionally, cognitively, behaviorally, and spiritually. The recent vehicular deaths of four Pacific Union College students and the tragic accidental 2005 dormitory fire that occurred at Southern Adventist University provide a clear warning that all Adventist educational institutions should develop, implement, and practice a crisis intervention response to various traumatic incidents that can affect the well being of their students, teachers, and staff. In fact, biblical principles suggest that Christian educational leaders have a moral obligation to implement such policies and procedures. Specific principles that support such action includes loving your neighbor as yourself (Galatians 5:14); children are a gift from the Lord (Psalm 127:3); educators have a valid calling (Ephesians 4:11, 12); the responsibility of training children appropriately (Proverbs 22:6); loving each other as Christ loves each of us (John 15:12); and Christ's example of meeting the immediate concerns of the people, thus creating an atmosphere in which He could present the gospel to them (Matthew 4:23).

Therefore, this article will outline a crisis intervention framework that can provide support when psychological crises occur in

an educational environment.

Defining Crisis, Critical Incidents, Critical Incident Stress, and Trauma

In order to understand and respond to the needs of students and others who have been exposed to traumatic events, we need to review several key terms:

A *crisis* occurs when a stressful life event overwhelms a person's ability to cope effectively with a perceived challenge or threat.[1] The person's psychological balance is disrupted, making him or her unable to function adequately in various areas of daily living (e.g., decreased academic performance, abrupt cessation of church attendance, or increased use of sick time).

Critical incidents are the stressor events that can produce a crisis response in many human beings.[2] Table 1 lists individual and community incidents that may cause psychological trauma. Exposure to such incidents can lead to *critical incident stress*, a heightened state of arousal resulting in strong cognitive, emotional, physical, behavioral, and spiritual reactions.[3]

The wholistic biblical worldview embraced by Adventist educational institutions provides guiding principles to use in helping students and others who have been exposed to a critical incident. A key factor for Christian educators to keep in mind is that these events can affect students' relationship with God; therefore, teachers and administrators must create a learning environment that fosters a positive perception of God and His remnant church and reduces the likelihood that students will experience a crisis of faith.

Responses of Children, Adolescents, and Adults to Critical Incidents

As stated earlier, direct or indirect exposure to a critical incident can cause stress reactions that affect several areas of human functioning. Some common signs and signals are listed in Table 2 on page 36. Young people's reactions to these traumas vary, depending on the following factors: proximity to the impact zone; comprehension of the nature of the disaster; physical injury sustained; amount of disability; witnessing injury or death of one or more family members or friends; perceived or actual life threat; duration of life disruption; familial and personal property loss;

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Table 1	
Common Individual and Community Critical (Traumatic) Incidents	
Individual	**Community**
Vehicle accidents and plane crashes	Earthquakes, tornados, hurricanes, fires, floods
Sexual assaults/abuse	Large-scale environmental pollution
Life-threatening experiences	Multiple injury/fatal accidents
Serious physical injury/abuse	Terrorism, war, bombings
Perception of a serious threat to self or a significant other	Highly publicized violent or sexual crimes
Psychological abuse	Traumatic events involving children
Severe injury or death of a family member	Homicides in the community
Suicide of a person close to the individual	Community-wide disasters and pandemics
Homicide	
Observing any of the individual or community incidents listed above	

parental reaction and extent of family disruption; child's predisaster state; and probability of recurrence.[4] Exposure to such traumas is much more widespread than might be imagined: According to Everly and Mitchell,[5] children and adolescents have an estimated exposure rate of 40 percent to traumas.

A study by Vogel and Vernberg suggests that a child's response to a disaster depends on his or her own perception of the trauma, which, in turn, is influenced by the child's cognitive and physical level of development.[6] When experiencing loss, exposure to trauma, and disruption of routine, children may exhibit five responses: increased dependency on parents or guardians; nightmares; developmental regression; specific fears when exposed to reminders of the disaster (e.g., a toy car if the child was in a car crash); and re-enactment of the disaster through play.

It is important to remember that people react differently to traumatic events. Furthermore, the signs and symptoms may not appear immediately after the critical incident. Usually, the stress reactions are temporary but can last for a month or more. It is strongly recommended that if these behaviors persist, the person be referred to a mental health professional.

Crisis Intervention Response

Crisis intervention is defined as the provision of emergency psychological care or "psychological first aid" to people affected by a critical incident in order to help them return to normal functioning and prevent or mitigate the psychological effects of the event.[7] The hallmarks of providing effective crisis intervention are listed in Table 3.[8] The goals of crisis intervention are stabilization, mitigation of acute signs and symptoms of distress, restoration of independent functioning, and referral for a higher level of care when necessary.[9]

A well-established and effective method of caring for individuals exposed to traumatic events is the critical incident stress management (CISM) system developed by retired New York City firefighter and paramedic Dr. Jeffery T. Mitchell.[10] CISM interventions have three phases: pre-crisis, acute crisis, and post-crisis[11] and are comprehensive enough to be applied to individuals, small or large groups affected by the crisis event, families, organizations, and even an entire community.

CISM services are educational and designed to enhance performance and increase stress resistance. CISM is not psychotherapy, nor is it a substitute for psychological treatment.

The CISM crisis intervention approach has evolved so that it now includes various core components to help reduce human distress. These components correspond to the categories of disaster mental health interventions[12]: (1) pre-crisis planning and training; (2) large-scale demobilization and staff consultation procedures for public safety personnel as well as large-group crisis management briefings for civilian victims of terrorism, mass disaster,

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Table 2
Common Signs and Signals of a Stress Reaction

Physical	Chills; thirst; fatigue; nausea; fainting; twitches; vomiting; dizziness; weakness; chest pain; headaches; elevated blood pressure; rapid heart rate; muscle tremors; shock symptoms; grinding of teeth; visual difficulties; profuse sweating; difficulty breathing; problems sleeping
Cognitive	Confusion; nightmares; uncertainty about the present or future; hyper-vigilance; suspiciousness; intrusive images; placing blame; poor problem solving; poor abstract thinking, attention/decision making, or concentration/memory; disorientation regarding time, place, or persons; difficulty identifying objects or people; heightened or lowered alertness; increased or decreased awareness of surroundings
Emotional	Fear; guilt; grief; panic; denial; anxiety; agitation; irritability; depression; intense anger; apprehension; emotional shock or outbursts; feeling overwhelmed; loss of emotional control; inappropriate emotional responses
Behavioral	Withdrawal; antisocial acts; inability to rest; intensified pacing; erratic movements; change in social activity; change in speech patterns; loss or increase of appetite; hyper-alertness to environment; increased alcohol or drug consumption; change in usual communications patterns (e.g., abrupt decrease or increase in number of phone calls)
Spiritual	Anger at God; questioning of basic beliefs; withdrawal from places of worship; a feeling that faith practices and rituals seem empty; a loss of meaning and purpose; an uncharacteristic religious involvement; a sense of isolation from God; anger at clergy

community crises, and school system tragedies; (3) individual acute crisis intervention; (4) brief small-group discussions to help reduce acute symptom; (5) longer small-group discussions; (6) family crisis intervention; (7) pastoral/spiritual crisis intervention/disaster ministry; (8) organizational crisis planning and interventions; and (9) follow-up and referrals for additional psychological assessment and treatment where indicated.

The CISM model can be adapted to meet the needs of diverse organizations and settings,[13] including schools. In fact, the International Critical Incident Stress Foundation (ICISF) has developed two specific two-day training courses (Responding to School Crisis and Managing School Crisis) as well as a specialized training certificate to help responders meet the needs of students, parents, and teachers exposed to critical incidents.

Providing a School-Based Crisis Intervention Response

According to Schonfeld and Newgass, schools can provide a safe place where children, adolescents, and college victims can go for help after a traumatic event.[14] They assert that a properly trained school crisis response team can provide care, triage, support services, short-term counseling, and referrals to community-service agencies, during and after a crisis affecting students, parents, staff, and other adults in the community. Therefore, we offer the following general suggestions that all Adventist educational institutions can implement in order to provide an effective crisis response for their institution:

First, establish a crisis intervention response team. This school-based team should include (1) a school counselor, psychologist, social worker, or a local community volunteer with training in

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counseling; (2) teachers who are willing to work as a team and who have a sincere interest in serving others through providing crisis response; (3) a pastor or school chaplain; and (4) an administrator. Adventist colleges and universities should include their counseling center employees as organizers, facilitators, and members of the school crisis intervention teams. The size of the crisis team will depend on the complexity of the crisis response plan established by the school and the available resources.

Second, each Adventist school crisis response team should develop strategic plans based on critical incidents that may require or benefit from a team response. In the United States, most states have created helpful crisis response templates, available to all schools through their state department of education and/or local emergency management office. Furthermore, the Department of Mental Health and Substance Abuse of the World Health Organization has developed guidelines for mental health and psychosocial support in emergency settings.[15]

The school crisis-response team can work as a subcommittee of a school health committee. The team should establish plans for the following types of crises: death of a student, staff member, or a community member whose demise affects a significant portion of the school population; natural disasters likely to occur in a school's geographic location; situations that involve a threat to the physical safety of students such as a violent crime or fire; and incidents that involve a perceived threat to the emotional stability of students such as bullying.[16]

Another important aspect of establishing a school crisis team is ensuring that its members receive appropriate training in the following core skill areas: assessment and triage; strategic planning; one-on-one, small group, and large group crisis interventions; and follow-up and referral mechanisms. School crisis team members should also receive additional training for school-based crisis interventions. Crisis teams should meet regularly to practice their skills, assess and update their crisis plans, and review the latest information relating to crisis-intervention management. Table 4 on page 38 lists several key training resources that are available.

Table 3

Hallmarks of **Crisis Intervention**

1. Provide early intervention.
2. Offer services near the person's normal area of functioning.
3. Encourage the person or group in crisis to believe that the situation can be managed and that they can recover from the experience.
4. The intervention should be short.
5. Simple, directive interventions are the most useful.
6. Interventions should be practical.
7. The responder must be willing to use novel ideas to help.

Pre-incident education is an extremely important part of crisis intervention. Adventist schools should educate their students, parents, teacher aides, faculty, staff, and administrators about the nature of critical incidents; their potential effect; and how to respond as an event evolves. They also should teach wholistic coping strategies that are useful prior to, during, and after traumatic incidents; and share what their school plans to do if such events occur. Age-appropriate materials can be presented by a member of the school crisis team, a faculty or staff member, or a guest lecturer.

Small group critical incident stress debriefing.

A final key component in providing an effective crisis intervention response is developing a list of referral resources to which the administrators can turn if a critical incident occurs. This will require identifying, contacting, and networking with community mental health providers, organizations, CISM teams, churches, and other local school districts to which administrators can quickly refer students, parents, and staff for additional or more critical support. Furthermore, some conferences have developed a list of licensed Adventist medical and mental health professionals in the conference service area that school crisis teams can include in their referral repertoire.

Adventist schools that are too small or that lack the funding to develop an internal crisis team must build ongoing partnerships with neighboring school districts, colleges and universities, community mental health agencies, and if available, area and statewide CISM personnel. The International Critical Incident Stress Foundation (ICISF) provides CISM training, consultations, and links to various state and local CISM teams throughout the world.[17] Through such partnerships, Adventist schools and their crisis response teams can obtain free or reduced cost training, access to additional referral resources, and support from other experienced and trained teams. Table 5 on page 39 provides a general listing of various resources that educational leaders and school crisis team members can contact for further information.

Conclusion

Nearly 2,000 years ago, Jesus warned His disciples that prior to His return, the world would experience traumatic events that would have a profound impact on all people of the earth regardless of age, race, gender, religious affiliation, level of education, and socioeconomic status. Today, the escalating number of critical incidents occurring throughout the world testifies to

Table 4

Crisis Intervention Training Resources

American Red Cross: http://www.redcross.org
Offers several training courses in crisis intervention and disaster response.

International Critical Incident Stress Foundation, Inc.: http://www.icisf.org
Offers training in CISM interventions and CISM instructor training as well as a Certificate of Specialized Training Program in six specialty areas.

LivingWorks: http://www.livingworks.net
Offers the Applied Suicide Intervention Skills Training (ASIST) model, which is the mostly widely used suicide intervention training program in the world.

Michigan Crisis Response Association, Inc.: http://www.mcrainc.com
Provides a list of teams in Michigan that are excellent resources for crisis response in schools, and provides training and support for organizations both in Michigan and beyond.

World Health Organization: http://www.who.int/mental_health/emergencies/en/
WHO's Department of Mental Health and Substance Abuse provides leadership, guidance, and technical advice for policy development and field intervention activities.

Large community briefing for CISM.

training in critical incident stress management (CISM) and has conducted numerous CISM interventions.

the fact that Christ's return is imminent. Therefore, it is essential that Adventist educational institutions—at all levels—prepare, plan, and train appropriate personnel to provide an appropriate response for their students, staff, parents, and members of the surrounding community who may be exposed to traumatic incidents. By providing such a timely, proactive response, they will not only be able to maintain an educational environment conducive for learning, but will also communicate a clear message of care, compassion, and hope to our students, their parents, school, staff, and surrounding community members in fulfillment of the urgent call of Matthew 28:18, 19. By responding to crises well in our schools, we can be the "hands of God" to lead others to our Lord and Savior, Jesus Christ. ✎

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NOTES AND REFERENCES

1. Raymond B. Flannery and George S. Everly, "Crisis Intervention: A Review," *International Journal of Emergency Mental Health* 2:2 (2000), pp. 119-125.
2. Ibid.
3. Jeffrey T. Mitchell, George S. Everly, and D. W. Clark, *Strategic Response to Crisis Student Manual* (Baltimore, Md.: International Critical Incident Stress Foundation, Inc., November 2008).
4. Robert S. Pynoos and Joel Yager, "Mental Health Disturbances in Children Exposed to Disaster: Preventive Intervention Strategies," in Stephen Goldston, Cristoph Heinicke, and Robert S. Pynoos, eds., *Preventing Mental Health Disturbances in Childhood* (Washington, D.C.: American Psychiatric Press, 1990).
5. George S. Everly and Jeffrey T. Mitchell, *Critical Incident Stress Management: Advanced Group Crisis Interventions a Workbook* (Ellicott City, Md.: International Critical Incident Stress Foundation, Inc., 2000).
6. G. S. Vogel and E. M. Vernberg, "Children's Psychological Response to Disaster," *Journal of Clinical Child Psychology* 22 (1993), pp. 470-484.
7. Everly and Mitchell, *Critical Incident Stress Management* (2000), op cit.; and Flannery and Everly, "Crisis Intervention: A Review," op. cit.
8. Jeffrey T. Mitchell, "Major Misconceptions in Crisis Intervention," *International Journal of Emergency Mental Health* 5:4 (2003), pp. 185-197.
9. Everly and Mitchell, *Critical Incident Stress Management* (2000), op cit.
10. Dr. Mitchell initially designed the CISM system to address the needs of first responders (police, fire and emergency medical service personnel) who had been exposed to traumatic events in the performance of their duties. Since that time, the CISM system has been highly researched and found to be applicable to schools, hospitals, businesses, and other venues that may be exposed to traumatic incidents.
11. Mitchell, et al. *Strategic Response to Crisis Student Manual*, op cit.
12. Everly and Mitchell, *Critical Incident Stress Management* (2000), op cit.; Mitchell, et al., ibid.
13. Everly and Mitchell, *Critical Incident Stress Management* (2000), op cit.
14. David J. Schonfeld and Scott Newgass, *School Crisis Response Initiative* (Washington, D.C.: U.S. Department of Justice, September 2003), (OVC Bulletin Publication No. NCJ 197832).
15. Inter-Agency Standing Committee (IASC), I*ASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Geneva: IASC, 2007).
16. Schonfeld and Newgass, "Children's Psychological Response to Disaster," op cit.
17. http://www.icisf.org.

Table 5
General Crisis Intervention Response Resources

Organization	Website	Contact Information
American Association of Christian Counselors	http://www.aacc.net	(800) 526-8673
American Association of Suicidology	http://www.suicidology.org	(202) 237-2280
American Red Cross	http://www.redcross.org	(800) 733-2767
International Critical Incident Stress Foundation, Inc.	http://www.icisf.org	(410) 750-9600 (410) 313-2473 (Emergency Hotline)
National Center for PTSD	http://www.ncptsd.org	(802) 296-6300
National Suicide Hotline		800-SUICIDE