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CRISIS PREPAREDNESS AND PRACTITIONER SELF-EFFICACY: A SURVEY OF PRACTICING SCHOOL PSYCHOLOGISTS IN THE MIDWESTERN UNITED STATES: An Ed.S. Field Project

April Minor
University of Nebraska at Omaha, april.lynn.minor@gmail.com

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PRACTICING SCHOOL PSYCHOLOGISTS IN THE MIDWESTERN UNITED
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April Minor

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Supervisory Committee:

Dr. Brian McKevitt

Dr. Lisa Kelly-Vance

Dr. Charmayne Adams

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Advisor: Dr. Brian McKevitt

Prior research indicates that crisis preparedness training is essential for practitioners to feel confident navigating and implementing crisis management strategies in their schools. Research also suggests that confidence increases the likelihood that practitioners will be involved in crisis planning (e.g., joining their district's crisis response team [CRT], helping develop crisis plans, etc.). Though these relationships are supported in the literature, much of this research is dated and focuses on the experiences of other school personnel (i.e., school counselors). The purpose of this investigation was to examine school psychologists' knowledge, preparedness, and confidence in crisis management. The *School Psychologist Preparedness and Self-Efficacy Questionnaire* (SPPSEQ) was distributed through email and social media to school psychologists and 55 completed the survey. Results indicated that school psychologists felt competent and confident in their abilities to address crisis events in their communities. Results also provided evidence for differences in crisis preparedness related to community setting.

Table of Contents

List of Multimedia Objects

Appendices

Crisis Preparedness and Practitioner Self-Efficacy: A Survey of Practicing School

Psychologists in the Midwestern United States

A crisis can be defined as a serious and impactful event which individuals perceive as extremely negative and out of their ability to control (Brock, 2012; Carlson, 1997). Because they are often sudden, unpredictable, and traumatic, crises can adversely impact the psychological, social, functional, and developmental well-being of those who experience them (Brock et al., 2014; Brymer et al., 2012; Nickerson & Zhe, 2004). Furthermore, individuals may experience long-lasting psychological effects from crisis-related trauma that is not adequately addressed. According to the American Psychological Association (APA), more than two-thirds of American youth report having been exposed to some kind of traumatic life event by age 16, such as sexual abuse, loss of a parent, neglect, witnessing a national disaster, etc. (APA, 2008). What this indicates is that nearly 40 million youth attending public or private PK-12 schools in the U.S. today have experienced at least one individual crisis in their lives (NCES, 2019). In this, the American school system is filled with youth who may be at a heightened risk for developing childhood posttraumatic stress disorder (PTSD), who may engage in high-risk behaviors (e.g., underaged drinking, unsafe sex, etc.) more than their peers, and who are at a higher risk of – due to chronic stress – developing heart disease and obesity, especially if their physical and psychological needs have not been met (Kisiel et al., 2014; Woodridge et al., 2016).

The central role of school psychologists is to promote the academic, social, behavioral, and emotional success of students – a task which requires direct, indirect, and collaborative work with students themselves, as well as their families, schools, and

communities (National Association of School Psychologists [NASP] 2020a; Woitaszewski et al., 2012). Safeguarding youth against crisis events is tantamount for promoting health and wellness for all (Brymer et al., 2012). And given the magnitude of potential negative outcomes that could befall students and school community members exposed to crises, it is crucial for school psychologists to receive adequate education and training in crisis management. Thus, the purpose of this study is to examine school psychologists' training and self-efficacy with crisis management.

Crisis Events Defined

As noted above, crises are characterized as serious, impactful, and negative events capable of having a multifaceted impact on individuals and their communities. The origins of crisis events can be natural or environmental (e.g., flooding, earthquakes, and viral pandemics) as well as human-caused (e.g., violence, war, and terroristic threats), and can occur at a number of levels, such as individual (e.g., an unexpected illness or targeted assault), familial (e.g., divorce), community (e.g., job displacement due to a business closure), and global (e.g., viral pandemic) (Brock, 2012; Heath & Cole, 2012). Because crisis events vary so drastically from one another, it's important for us to acknowledge that these events can differentially impact individuals.

Crisis Management Practices and Procedures

In education, the practices used to prepare for and manage crisis events take on a variety of forms, such as convening district- or school-wide crisis response teams (CRTs) to create crisis management plans, adopting batteries of behavior screeners to identify at-risk students, and utilizing full-scale crisis drills to prepare students, faculty, and communities for high-risk crisis events (Nickerson & Zhe, 2004). For a crisis

management plan to be comprehensive, it should include both proactive and reactive strategies, as well as a variety of interventions for supporting individuals after a crisis has occurred (NASP, 2020a).

Taking proactive measures to reduce crises and crisis-related trauma is called crisis prevention (O'Malley & Eklund, 2012). As previously stated, two in three youth will be exposed to a traumatic event before they are old enough to drive (APA, 2008), meaning that the majority of youth we serve may already be processing events and experiencing adverse psychological, emotional, or academic effects. Preventative strategies can be used to identify already vulnerable youth and connect them and their peers with needed support. Some examples of preventative strategies include school-wide screening to identify at-risk student behaviors, classroom presentations meant to bring awareness and educate about crisis events, and the adoption of school-wide social-emotional learning (SEL) strategies to encourage positive school climates (CASEL, 2012; McKevitt, 2012).

Another component of crisis management is crisis response, which refers to the actions and strategies taken to acknowledge, respond to, and document crises as they occur (Louvar Reeves et al., 2012). Crisis response protocols include functional response protocols, which can be defined as the critical first steps taken by school personnel to maintain safety (Louvar Reeves et al., 2012). These include school evacuation plans, lockdowns, and procedures for family reunification after a crisis. Crisis response protocols also include incident-specific protocols, which use information gained from environmental assessments of school buildings to plan for potential events (Louvar Reeves et al., 2012). For example, if a school is located in a flood zone, there should be

additional planning to ensure that students and faculty are able to evacuate the school if a flood should occur. Other important components include maps of the school, faculty and parent contact lists, and emergency first-aid kits (Louvar Reeves et al., 2012).

Crisis interventions are utilized to restore an individual or community's sense of safety and security after a crisis event has occurred (Brymer et al., 2012). As previously stated, how individuals respond to crisis events depends on their own individual protective and risk factors. For instance, a student with no prior exposure and lots of support may be less susceptible to adverse psychological effects after a crisis event than a peer with previous exposure and no social or family support. In this, crisis interventions are designed to address potentially adverse effects after risk factors (e.g., previous exposure, proximity to the event, and perceptions of threat) and warning signs (i.e., individual's physical, mental, and emotional responses to crisis) are recognized (Brock, 2012). Based on the individual's needs, interventions can range in duration from short-term (i.e., intended to mitigate and reduce the effects of trauma associated with crisis exposure) to enduring supports (i.e., used to address long-term adverse effects) (Brock, 2012; Nickerson & Zhe, 2004).

Though there are a plethora of recommended best practices and procedures to consider when planning for crisis events, there is little consensus over which practices should be universally adopted and which events should be planned for (Adamson et al., 2007; Allen et al., 2002; Louvar Reeves, 2012; Werner, 2008). For instance, districts are more likely to prepare for highly publicized events than lower-impact but higher-frequency events (Louvar Reeves, 2012; Adamson et al., 2007). According to a survey by Diliberti et al. (2019), a higher percentage of U.S. public schools prepared for natural

disasters (94%) and active shooters (92%) than hostage situations (48%) and pandemic disease (46%) during the 2017-2018 school year, revealing vulnerabilities in planning that could have impacted school preparedness during recent events, such as the COVID-19 pandemic. This study also revealed that the percentage of schools with threat assessment teams was less in rural areas (33.6%) than those located in urban (49.6%) and suburban areas (49.0%), providing preliminary evidence for potential resource inequalities in different communities (Diliberti et al., 2019).

School Psychologists' Knowledge and Preparedness

After a crisis has occurred and an individual enters a crisis state, they typically experience distress, confusion, and an inability to process their circumstances with critical reasoning, resulting in potentially maladaptive coping strategies (Slaikeu, 1990). A student who witnesses a violent fight or school shooting may experience an intense fear of entering the school building and therefore, lose their sense of security. And if that student is too afraid to come to school, they may struggle academically and experience further difficulties down the road. Because safety and security are critical for promoting a student's academic, social, behavioral, and emotional success (Brock et al., 2014), the role of the school psychologist is necessary for helping students move through crises and maintain success in all areas.

According to NASP's (2020a) professional standards, the role of the school psychologist is to promote safe and supportive environments within schools by understanding the effects that crisis events have on students, faculty, and their community and using that knowledge to create and implement effective crisis management strategies. For this, graduate training standards require that prospective school psychologists receive

both content-related and practical instruction in crisis management, including knowledge of and efficiency implementing interventions (NASP, 2020b). It is also recommended that practicing school psychologists pursue professional development and continuing education opportunities related to crisis management (NASP, 2020a), as well as join their school or district's CRT (Brock et al, 2014, Louvar Reeves et al., 2012).

One way NASP has ensured that school psychologists receive crisis management training tied to the organization's principles has been through the development and endorsement of PREPaRE, a comprehensive training model designed for educators by educators (Brock et al., 2009). PREPaRE marries elements of the NASP professional and graduate training standards with guidance set by the U.S. Departments of Education and Homeland Security, as well as the Federal Emergency Management Agency (FEMA). The PREPaRE acronym stands for:

> P—Prevent and prepare for crises
>
> R—Reaffirm physical health & welfare, and perceptions of safety & security
>
> E—Evaluate psychological trauma risk
>
> P—Provide interventions
>
> a—and
>
> R—Respond to mental health needs
>
> E—Examine the effectiveness of crisis preparedness

By approaching crisis management training as a continuum of services, the PREPaRE training model provides school professionals with the tools necessary to support their communities at all stages during a crisis event (Brock et al., 2016).

Little current research regarding school psychologist's crisis preparedness and

response exists; however, research from the early 2000s provides context for current practices. Despite best practice recommendations, Allen et al. (2002) found that of 276 nationally certified school psychologists surveyed, a surprisingly small percentage of respondents indicated receiving explicit crisis-related instruction from their instructors (5.5%) or a workshop leader (3.3%) during graduate school. Of the same respondent pool, more than half (56%) indicated that they were either minimally prepared or not at all prepared for handling crisis situations because of their graduate training. Finally, Allen et al. (2002) reported that although 91% of school psychologists surveyed indicated that their district had crisis plans in place, only 53% of psychologists were members of the school or district's CRT.

Deming (2004) reported that of 172 national certified school psychologists surveyed, only 12.2% of respondents indicated receiving explicit crisis-related instruction from their instructors and 50% of respondents received crisis-related instruction as part of another course during graduate school. Like Allen et al., more than half of respondents (82.6%) indicated that they were not adequately prepared to handle crisis situations as a result of their graduate training. Deming did not ask individuals about crisis response planning or CRT membership.

Nickerson et al. (2004) found that of 197 nationally certified school psychologists, only 25% of respondents reported receiving crisis-related instruction during graduate school. Nickerson et al. also reported that 44% of respondents were involved in creating or evaluating their school's crisis response plans and that 93% worked in schools or districts with a crisis response team. Nickerson et al. did not ask individuals to rate graduate school preparedness or ask about individual CRT

membership.

Finally, Adamson et al. (2007) found that of 228 nationally certified school psychologists, higher percentages of respondents indicated receiving explicit crisis-related instruction from their instructors (25%), as part of another course (25%), from a workshop leader (78.1%) during graduate school than in previous studies. Adamson et al. also reported that most respondents worked in schools or districts with a crisis plan (95.1%) and crisis team in place (83.6%), while the focus of each plan varied (i.e., all included postvention/response strategies, while 76.6% reported mitigation strategies and only 49.5% reported preventative strategies). Adamson et al. did not ask individuals to rate graduate school preparedness. Given that these findings are from the early 2000's, the present study aims to generate more current data for comparison.

Self-Efficacy in Crisis Management

Another important aspect of practitioner knowledge and competence is self-efficacy, which is defined as an individual's confidence in their ability to complete assigned tasks or work functions (Bandura, 1982). Research purports that there are strong relationships between an individual's level of training and education, their perception of preparedness, and their perceived confidence. In fact, practitioners who rate their crisis management skills as higher than others also rate themselves as more knowledgeable in the field of crisis management, as well as more eager to pursue additional training opportunities (Nickerson et al., 2019).

Nickerson et al. (2004) collected frequency information regarding crisis events impacting the school environment, as well as the role of school psychologists in responding to these events. Nickerson et al. reported that, although 44% of respondents

were involved in crisis planning, more than half cited barriers to supporting their school or district with crisis management; these included time management (61%) and placement in multiple buildings (50%; 2004). They suggested that because personnel who participated in their study indicated that they spent most of their time engaged in other areas of the school, psychologists as a whole should put additional focus in crisis management and crisis interventions.

Dries (2016) expanded on Nickerson et al.'s research using a survey of 254 nationally certified school psychologists. They looked specifically at the relationship between perceived preparedness and comprehensive crisis management training (i.e., PREPaRE, etc.). To measure practitioner self-efficacy, respondents rated their confidence handling four different psychological trauma scenarios on a 5 Point Likert scale (1 = Not Confident, 5 = Extremely Confident). Dries concluded that access to comprehensive crisis management training (such as PREPaRE) is imperative for practitioners.

Similar to other studies mentioned, Deming (2004) compared the responses of 172 school psychologists for self-efficacy, training, and experience. Deming found significant correlations between practitioner self-efficacy and graduate-level training, post-graduate training, perceptions of preparedness, and level of education. In this, Deming concluded that the more education and training practitioners received, the higher their perceived self-efficacy, especially in individual crises.

Mathai (2002) measured the self-efficacy of school counselors (who often share overlapping duties with school psychologists) working in public schools. In a survey of 517 counselors, Mathai (2002) found that though most respondents indicated that they had received crisis preparedness training for at least the length of a workshop (98.5%),

many were minimally prepared, and therefore lacked the confidence to support their communities during a number of crisis events (e.g., armed assault, student or community homicide, human-caused disasters, etc.). Overall, the study found a significant relationship between an individual's level of training in a particular category of crisis events (e.g., suicide-related, violence-related, etc.) and their perceived confidence responding to each event.

Bigante (2007) also measured crisis management knowledge and self-efficacy for public school counselors. For the study, 70 school counselors responded to questions regarding training in crisis management, familiarity with their school or district's crisis plan, CRT membership, and their perceptions of self-efficacy and the importance of training. Bigante found that individuals who didn't receive crisis training rated training as unimportant, whereas individuals who did receive training rated it as extremely important.

Werner (2008) also measured crisis preparedness by looking at how direct involvement in crisis planning impacted practitioner self-efficacy and perceptions of training. In a study of 124 school counselors, Werner found that a majority of respondents (86.4%) felt that crisis preparedness was essential for their jobs, contrary to Bigante's findings. The study also found that counselors who felt more prepared to handle crisis events were more likely to join their school or district CRT, and that CRT membership positively impacted practitioner self-efficacy. The studies by Mathai, Bigante, and Werner have provided the foundation for the current study.

Current Study

Though existing research has focused on some components of practitioner (i.e.,

school psychologist, counselor, other personnel, etc.) awareness, preparedness, and self-efficacy related to crisis management (e.g., Allen et al., 2002; Bigante, 2007; Deming, 2004; Mathai, 2002; Werner, 2008), very few studies in the literature have examined these components altogether. Additionally, though organizational leadership, literature, etc. encourage school psychologists to be active participants in planning for crisis events and selecting crisis prevention and response programming appropriate for their districts and schools, CRT membership statistics and information regarding school psychologist participation were underrepresented in the research. As Diliberti et al. (2019) reveal, there are notable differences in the presence of CRTs in different types of communities (i.e., urban vs. rural vs. suburban). Finally, updated research regarding preparedness and self-efficacy is crucial, given that much of the research concerning practitioners' experiences in crisis management preceded the conception and development of PREPaRE training and is dated. With this in mind, the present study has been designed to examine the following questions:

> Q1) What are school psychologists' levels of self-reported (a) knowledge and preparedness and (b) self-efficacy in crisis management?
>
> Q2) What are the differences between a school psychologist's level of self-reported (a) knowledge and preparedness and (b) self-efficacy regarding crisis preparedness programming and that individual's status as a member of their district's crisis response team (CRT)?
>
> Q3) What types of interventions are school psychologists knowledgeable about, trained in, and using for crisis response?
>
> Q4) Is there a difference in the number of crisis preparedness and response

interventions in place in suburban versus urban versus rural communities?

Method

Participants

Participants were recruited from the population of school psychologists registered as members of the Nebraska School Psychologists Association (NSPA) and from a social media page targeting current practicing school psychologists. Requests were sent to four other state associations and one other social media page, however, responses were not returned regarding those requests. Information about the study and a link to the survey questionnaire were emailed to NSPA members and posted on the social media site, resulting in a convenience sample. Sixty individual practitioners provided consent to participate in the survey questionnaire. Five individuals were exited early from the study due to indicating that they were not current practicing school psychologists. Thus, responses from only 55 practitioners were included in the data analysis.

In terms of participant gender, race, and ethnicity, respondents were a homogenous group, with most respondents identifying as female (47 female, 8 male, M_{age} = 39.7, age range 24 to 62) and White/Caucasian (1 Black/African American, 53 White/Caucasian, 1 more than one race). Most participants (98.2%) were from the Central (i.e., Midwest) region of the United States, with one participant (1.8%) from the Northeast region. Because a large majority Midwestern participants were from the Midwest, responses from all participants were included. The mean years of service for practitioners surveyed was 12 (SD = 7.9; Range = 0 to 25), most (94.5%) reported having earned a specialist degree or higher in school psychology, and nearly half (49.1%) indicated that they had received PREPaRE training. Practitioners varied in terms of

populations served, community type, and school psychologist to student ratio. Most

respondents (40%) reported working in schools in suburban communities, followed by

rural (27.3%), urban (20%), and mixed (e.g., a mixture of two or more communities;

12.7%). The mean school psychologist-to-student ratio was one school psychology for

every 1003.8 students (i.e., 1:1003.8; SD = 703.5; Range = 85 to 3500), representing

caseloads surpassing the NASP recommended ratio of 500 students per practitioner for

74.4% of respondents. All respondents reported working in public-school settings, with a

small percentage (7.3%) indicating that their placement included contracted hours within

a private school setting. For additional demographic information, please refer to Table 1.

Measures and Materials

Questionnaire

The *School Psychologist Preparedness and Self-Efficacy Questionnaire*

(SPPSEQ) (see Appendix A) was adapted from the research of Mathai (2002), Bigante

(2005), and Werner (2007), who assessed the perceptions, self-efficacy, and knowledge

of school counselors related to crisis preparedness and management within their training

and careers. For creating the SPPSEQ, items were taken from the previous studies'

questionnaires and were updated to pertain to the training and experiences of school

psychologists. The SPPSEQ is separated into three sections. Section 1 of the

questionnaire consists of 9 items requesting demographic information about each

practitioner surveyed, such as age, gender identity, race/ethnicity, level of education,

length of service, and aspects of the practitioner's current placement (e.g., type of

community served [rural, urban, suburban, etc.], school psychologist-to-student ratio,

etc.). This section also includes items intended to confirm that respondents are currently

employed as school psychologists. Those who indicate other employment in education (e.g., administration, classroom education, other specialist positions, etc.) are exited from the survey, regardless of whether they were previously employed as a school psychologist.

Section 2 of the questionnaire consists of 17 items requesting information about crisis training and experience in crisis management. These items ask practitioners to indicate the types of events and training they were exposed to in graduate school, what types of post-graduate training they have encountered, and how engaged in crisis management they are in their current positions (e.g., CRT membership, etc.). Participants also rated their placements in terms of how prepared they felt their district(s) and/or school(s) were to handle crisis events. This section includes five items that are specifically designed to measure practitioner knowledge/preparedness (i.e., KP composite) and three items that are specifically designed to measure practitioner self-efficacy (i.e., SE composite). These items use a 5 Point Likert Scale and include response options that ranged from "1 - *not at all knowledgeable/prepared or confident*" to "5 – *completely knowledgeable/prepared or confident*". Respondents could earn minimum composite scores of 5 (KP) and 3 (SE), and maximum composite scores of 25 (KP) and 15 (SE). For those who did not respond to all items in a composite, mean scores were calculated based on the number of composite items that were completed and participants received a prorated score for that composite.

Section 3 of the questionnaire prompts practitioners to respond to three items related to 15 categories of common crisis management practices and interventions used in schools. For this, respondents are asked to rate their familiarity with each crisis

intervention practice using a 4 Point Likert scale, yielding knowledge, training, and utilization (KTU) scores for each practice. Response options were coded as "1 - *no familiarity with*", "2 - *general knowledge of*", "3 - *knowledge and training in*", and finally, "4 - *knowledge, training, and the ability to implement*" each intervention category. Participants also answer questions regarding whether their current professional setting utilized each category (i.e., "*True*," "*False*" or "*Unknown*"). Finally, participants are asked to indicate whether they believed each practice was appropriate for use in their placement by marking a negative, neutral, or affirmative response (i.e., -1 - "*False*", 0 – "*Neutral*" and "*True*")

The SPPSEQ was reviewed and piloted by a practicing school psychologist and five school psychology graduate students to determine congruence between the measure's intended purpose (i.e., to measure school psychologists' knowledge/preparedness and self-efficacy regarding crisis management) and how the items addressed that purpose. These individuals also assessed the readability and formatting of the questionnaire, as well as individual items. It was determined that the questionnaire appeared to be a valid means for measuring what is intended and that the questionnaire was easy for participants to read, understand, and navigate. The survey questionnaire took about 10 minutes for participants to complete.

Procedure

Participant Recruitment and Self-Selection

As aforementioned, participant recruitment for this study occurred via email and social media. After Institutional Review Board (IRB) approval was obtained, emails were sent to primary contacts of various state associations requesting distribution of the survey

to their members. A description of the study and link to the survey questionnaire were also posted on social media websites reserved specifically for practitioners. Electronic access to the study enabled participants to complete the survey on their own devices. This methodology resulted in a voluntary response sample. Data were collected between November 2021 and January 2022 using the online survey tool Qualtrics.

Research Design and Data Analysis

The present study used descriptive statistics and mean comparisons to assess school psychologists' levels of self-reported knowledge/preparedness and self-efficacy, examine relationships between perceived preparedness and CRT membership, determine practitioner familiarity with crisis management strategies, and determine whether crisis preparedness differed across community settings. It was hypothesized that current practicing school psychologists would report higher levels of knowledge/preparedness and self-efficacy related to crisis management than what was found in previous literature due to a greater emphasis on school safety by the NASP professional standards (NASP, 2020a). It was also hypothesized that respondents who were members of CRTs would report higher levels of knowledge/preparedness and self-efficacy than non-members. Additionally, it was hypothesized that school psychologists would have higher levels of knowledge, training, and utilization (KTU) in interventions that are related to more highly publicized crisis events than lower-impact, high-frequency events. Finally, no hypothesis was offered for the final research question regarding differences in number of interventions used across settings (e.g., urban, rural) due to a lack of previous research addressing differences in crisis preparedness related to community setting.

Results

Knowledge/Preparedness (KP) and Self-Efficacy (SE) Composite Scores

The first research question aimed to measure school psychologists' levels of self-reported knowledge/preparedness and self-efficacy in crisis management. It was hypothesized that current practicing school psychologists would report higher levels of familiarity with and ability to handle crises occurring in their schools, as well as higher confidence in implementing crisis management practices than what was indicated in the research. To examine this, knowledge/preparedness and self-efficacy were measured separately, and composite and other related data are presented below.

Knowledge/Preparedness

Practitioner knowledge/preparedness was measured by the KP index, a composite of five item scores related to graduate-level and professional experiences in crisis management. Of the 55 practitioners who completed the study, 31 respondents completed the items necessary to yield a full composite score for the KP index and a further 22 completed the items necessary to yield prorated KP scores. Two participants' partial scores were omitted from analysis due to missing responses for composite items. Based on the total and partial KP composite scores obtained ($n = 53$), most practitioners (79.2%) indicated feeling *adequately* knowledgeable and prepared to support their districts and/or schools in times of crisis ($M = 3.37$, $SD = .092$; see Table 2).

Items that filtered into the KP composite looked specifically at practitioner preparedness related to graduate and post-graduate training, as well as current professional practice. Of the practitioners surveyed, most ($n = 42$, 76.4%) indicated that they had received explicit crisis or crisis-related training and had been exposed to crisis

events (68.5%) during graduate school. In this, practitioners indicated that most of their

graduate-level training came through seminars and workshops (50.0%), crisis-related

content that was woven into courses that were not specifically related to crisis (45.2%),

and from courses specifically teaching crisis management (40.5%). Practitioners also

shared what crisis events they were exposed to in their practicum or internship, which

included grief/death (67.6%), suicide (59.7%), crisis planning (35.1%), school violence

(35.1%), and child physical abuse (35.1%). For more data related to graduate-level

training and crisis exposure, see Tables 3 and 4.

Practitioners ($n = 53$) also provided information regarding their post-graduate

crisis preparedness training, which were either provided by their employer (22.6%), self-

pursued (17.0%), or were a combination of the two (58.5%). These opportunities

included local in-service (79.2%), first aid (58.5), state/regional meetings (47.1%), and

NASP conventions (37.7%). Large proportions of practitioners surveyed also indicated

that they gleaned information about crisis management through books (58.5%) and

journal articles (50.9%) specifically related to crisis (see Table 5).

Self-Efficacy

Practitioner self-efficacy was measured by the SE index, a composite of three

item scores related to graduate-level and professional experiences related to crisis

management. Of the 55 practitioners who completed the study, 36 respondents completed

the items necessary to yield a full composite score for the SE index and a further 17

participants completed the items necessary to yield prorated SE composite scores. Like

the previous index, two participants' partial scores were omitted from analysis due to

missing responses. Based on the total and partial SE composite scores obtained ($n = 53$),

most practitioners surveyed (88.6%) indicated feeling *very* confident in their abilities to

support their districts and/or schools in times of crisis ($M = 3.69$, $SD = .111$), with five

respondents (~10%) indicating that they felt *completely* confident supporting their school

populations (see Table 2).

Specific items that filtered into the SE index looked at practitioner confidence

related to crisis events they were exposed to in graduate school, as well as assessing

student risk and implementing school crisis plans when necessary. In terms of crisis

exposure, most practitioners (50.9%) indicated that they were at least *fairly* confident in

their abilities to respond to crisis events that they were exposed to in practicum or

internship. In terms of assessing risk and implementing crisis planning, practitioners felt

fairly confident in these areas as well.

Based on the data collected, the hypothesis that current school psychologists

would report higher perceived knowledge/preparedness and self-efficacy than

practitioners surveyed in the early twenty-first century was supported.

Impacts of Crisis Response Team (CRT) Membership on KP and SE Composite

Scores

The second research question aimed to examine differences in the level of self-

reported knowledge/preparedness and self-efficacy between school psychologists who

indicated that they were members of their school or district's CRT versus those who were

not. It was hypothesized that CRT members would report significantly higher levels of

readiness and confidence handling crisis events than non-members. To examine

differences in levels of knowledge/preparedness and self-efficacy related to CRT

membership, mean KP and SE composite scores for CRT members ($n = 27$) and non-

members ($n = 26$) were compared. In this, practitioners who indicated that they were

CRT members rated their knowledge, preparedness, and self-efficacy ($M_{KP} = 3.41$; $M_{SE} =$

3.76) as slightly higher than practitioners who indicated that they were not ($M_{KP} = 3.34$,

$M_{SE} = 3.60$). To examine the potential significance of these score differences, a one-

tailed, two sample *t*-test was conducted for each composite score. Testing revealed that

though there were marginal differences between mean scores for CRT members and non-

members, there were no significant differences related to CRT membership for the KP,

$t(51) = .35$, $p = .361$, or SE composites, $t(51) = .70$, $p = .243$. Thus, the hypothesis that

CRT members would report significantly higher levels of knowledge/preparedness and

self-efficacy was not supported.

Practitioner Knowledge, Training, and Utilization (KTU) in Crisis Management

Strategies

The third research question aimed to measure the number of commonly used

crisis management interventions and practices school psychologists were familiar with.

Though no hypothesis for number of strategies was offered, it was hypothesized that

school psychologists would have higher levels of KTU for interventions related to highly

publicized crisis events than less publicized but higher frequency events. To measure

practitioner familiarity with several types of crisis management strategies, mean KTU

scores for 15 commonly used intervention and practice categories were obtained (see

Table 6 and Figure 1). Analysis revealed that the crisis management strategies

practitioners were most familiar with were lockdown ($M = 3.61$, used in 89.8% of

districts) and environmental disaster drills ($M = 3.43$, used in 81.6% of districts), suicide

prevention strategies ($M = 3.24$, used in 67.3% of districts), and staff/faculty debriefing

after crisis events or drills ($M = 3.18$, used in 57.1% of districts). Data also revealed that practitioners were less familiar with some interventions that had a greater presence in their schools than others surveyed, specifically suicide intervention and postvention ($M = 3.04$, used in 71.4% of districts), crisis postvention ($M = 2.98$, used in 67.3% of districts), antibullying initiatives ($M = 2.84$, used in 59.2% of districts), and crisis electronic reporting ($M = 2.57$, used in 55.1% of districts) and alert systems ($M = 1.94$, used in 40.8% of districts). In this, the hypothesis that school psychologists would have more familiarity with crisis management strategies that pertained to highly publicized crisis events was supported.

Differences in Intervention Usage Based on Community Setting

The final research question aimed to assess whether there were differences in the number of crisis management strategies and interventions in place in difference communities based on the type of community (i.e., rural versus urban versus suburban). Since this question was not previously addressed in the literature, no informed hypothesis could be offered. To determine whether relationships existed between the number of crisis management strategies and interventions being used in districts and district settings, intervention category frequencies were compared across the different community types. School psychologists reported higher frequencies of crisis management strategies in place in suburban communities ($M = 9.87$) than urban ($M = 6.93$) and rural ($M = 6$) communities. Further analysis revealed that suburban communities reported significantly higher numbers of crisis management strategies in place than urban, $t(28) = 2.4$, $p = .026$, and rural communities, $t(28) = 2.9$, $p = .004$ (see Table 7).

Discussion

The present study was designed to measure school psychologists' knowledge, preparedness, and self-efficacy in crisis management. A majority of school psychologists rated themselves as at least *adequately* prepared and at least *very* confident in their abilities to manage crises in their schools or districts. Additionally, most school psychologists surveyed indicated that they had received explicit crisis management training in both their graduate and post-graduate training. These findings contrasted with Allen et al. (2002) and Deming (2008), whose studies indicated that lower percentages of practitioners had received explicit instruction in crisis management, yielding practitioners who were *minimally* prepared to manage crisis events in their buildings. Though it is not definitively measurable, it can be hypothesized that the increase in practitioner knowledge and readiness in crisis management is due to adjustments made to the NASP graduate training and practice standards, emphasizing school safety and preparedness in crisis management. This is also supported by the fact that nearly half of school psychologists surveyed indicated that they were PREPaRE trained.

Respondents of the present study indicated having received most of their graduate-level training in crisis management from seminars, workshops, and courses in their graduate programs. The stratification of training modes was similar to previous literature, with a greater percentage of school psychologists receiving crisis-related training in their graduate school coursework than respondents from research conducted in the early 2000s. Most school psychologists surveyed also indicated pursuing professional development in crisis management after entering the field both independently and as offered by their current employer. For this, local crisis management seminars were listed

as the primary mode of post-graduate training, followed by first aid, and reading crisis-related literature (e.g., books, journal articles, etc.). Because this area of training was missing from the literature, it is impossible to know how current school psychologists compare to the practitioners previously surveyed.

The present study also examined the relationship between crisis preparedness and CRT membership. According to the data collected, CRT membership did not significantly impact how practitioners perceived their overall preparedness. Though the relationship represented in the present study differs from previous assertions – namely that CRT membership correlated with higher perceptions of knowledge and self-efficacy (Werner, 2008) – this lack of significance does not necessarily carry negative implications. Given that both CRT members and non-members in this study's sample rated themselves as *adequately* trained and *very* confident in their professional abilities, it can be implied that many school psychologists are well-trained and able to take care of their schools, regardless of CRT membership.

Another goal of this study was to determine what types of crisis management strategies were being used in schools, as well as measure practitioners' knowledge, training, and ability to utilize these different strategies. According to the school psychologists surveyed, lockdown drills, environmental disaster drills, suicide-related strategies (e.g., prevention, intervention, response, etc.), and crisis postvention were the most commonly used strategies across all placements, however, practitioners revealed that they were less familiar with some crisis management strategies than others. These findings supported assertions made in previous research, specifically regarding the focus

of districts' crisis plan (i.e., plans were more likely to address high-impact crisis events than high frequency events; Diliberti et al., 2019).

Finally, the present study hoped to provide understanding regarding how different communities prepare for crisis events by examining the relationships between crisis preparedness strategies in place and community types. According to the average number of crisis management strategies in place in each setting, suburban schools were better equipped to handle crisis events than urban and rural schools. Diliberti et al. (2019) asserted that a higher presence of crisis management resources in urban and suburban communities compared to rural communities likely stemmed from a lack of resources in the latter. According to data compiled by Parker et al. (2018) for the Pew Research Center, poverty was much higher in rural (18%) and urban (17%) communities than in the suburbs (14%). Data from this report also highlighted population changes in rural America illustrating a movement of families out of rural and into suburban communities, changes that have led to an increase in the rates of concentrated poverty in rural Midwestern communities. Income inequalities highlighted by Parker et al. (2018) supported the assertions of Diliberti et al. (2019), providing potential explanations for the differences in crisis management strategies across community settings found in the present study.

Implications for School Psychologists

Overall, current practicing school psychologists surveyed indicated that they were adequately trained in crisis management, and therefore felt confident in their abilities to support their school communities. In this, practitioner training and familiarity was not localized to one or two types of crisis events or crisis management strategies but extended

across categories surveyed. From this, it can be implied that school psychologist preparation in crisis management has improved since the introduction of PREPaRE and updates to the NASP Practice Model (2020).

Another implication of the present study is for practitioners and their districts to consider access to crisis management resources, especially in rural and urban school districts. Because it is critical for schools to prepare for crisis events and situations, ensuring that systems are in place to provide these services to their school communities is equally necessary. Some suggestions for this include creating partnerships between school districts and area service units to allow for resource sharing, as well as investing in evidence-based preventative strategies to help mitigate the risk of crisis prior to an event occurring.

This study also has implications for practitioners who are interested in expanding their crisis management skillsets. Nearly half of the school psychologists surveyed (47.3%) indicated that they were not PREPaRE trained, and many indicated receiving little to no explicit crisis-related training (20.7%) or exposure to crisis events (30.1%) in graduate school. This sheds a light on current areas of need for graduate students and current practitioners alike. Fortunately, though major gaps in training were identified by the present study, many opportunities do exist for training and practicing school psychologists to expand on their skillsets through post-graduate training, such as seminars offered by local organizations and their employers, crisis-related literature, and comprehensive training programs such as PREPaRE.

Limitations and Future Directions

There were a few limitations identified for this study. For one, the study had a small sample size (i.e., 55 respondents) and, therefore, data collected was likely not as rich as it could have been. Having a small sample size also impacted participant diversity, likely limiting the representation of many school psychologists' experiences with crisis management in their graduate and professional training. This also limited the degree to which the information collected in this study could be generalized to the regional (i.e., Midwest) and national population of school psychologists, as well as the degree to which this data could influence decisions around practitioner training. For increasing participation in future studies, is it recommended that participation be open nationally rather than regionally, allowing members from more state and national associations to participate. Broadening participation could also allow researchers to compare and contrast data across and within different regions.

Another potential limitation for this study was the exclusive use of self-report in the study questionnaire. Although self-report is an ideal method for measuring practitioners' unique experiences in their professional training and practice (Paulhus et al., 2007), relying on this method of data collection can have potential disadvantages. Paulhus and Vazire (2007) cited potential disadvantages to the use of self-report, including the credibility of raters and the reliability of their responses. For instance, it can be difficult to gauge whether participants are truly representing themselves in their responses, or if responses may be inflated to enhance the researcher's perceptions of the rater. Accuracy of responses is also a potential disadvantage given how exposure to topics and experiences can alter respondents' perceptions of self (Paulhus et al., 2007).

For example, a practitioner with greater lived experience related to a certain crisis event may have an inflated perception their knowledge and readiness to address such events in schools. Though participant anonymity can help mitigate factors such as impression management and self-deception, they are still important factors to consider.

Though the present study provided data related to differences in crisis preparedness across different community settings, previous exploration of this concept being missing from the literature presented its own limitation. In this, it is difficult to fully utilize the data collected without previous data to compare it to. Additionally, the present study did not query participants about strategy usage in their districts beyond whether or not they were used. Because respondents were not asked to define these strategies or comment on the intensity or fidelity of implementation, it is difficult to know whether category frequencies were truly accurate. Lastly, because significant differences were identified in crisis preparedness between community types, it would have been meaningful to know what types of catalysts and barriers existed for participants in their districts to access crisis-related resources. Since this is a fairly novel question, adapting the SPPSEQ to include more questions about characteristics of crisis management strategies used and barriers to usage could be a potential future direction.

A final limitation for this study was a lack the understanding how current events have impacted school psychologists' training and practice, as well as how these events likely impacted participation in this study. Because this study was conceived and conducted during the COVID-19 pandemic, pre-pandemic baseline was not established. Given this, it is impossible to know how the pandemic has affected practitioners, districts, and even graduate training programs without further inquiry. Additionally, it is implied

that current events likely impacted study participants, which heavily influenced the researcher's decision to terminate the present study with only 55 responses collected. Research prepared by the MissionSquare Research Institute (MSRI; Liss-Levinson, 2021) has revealed that most practitioners and other educators have experienced or are currently experiencing burnout and increased mental and physical illness due to pandemic-related stress. This research indicates that many participants of the present study were likely impacted by the pandemic.

Moving forward, future adaptations to the SPPSEQ could be made to include items specifically asking participants to reflect on how the pandemic and other current events (e.g., school shootings, environmental crises, etc.) have impacted their training, as well as perceptions of preparedness and self-efficacy in their practice. In a survey of graduate or post-graduate trainers, it could also be queried how these events have impacted graduate and post-graduate training programs and how trainers approach educating future practitioners. Finally, given that so many current practitioners are experiencing negative outcomes due to the pandemic (e.g., burnout, anxiety, etc.), future research could focus on healing and recovery, specifically a survey of what resources and opportunities school psychologists need to continue the work that they do. As the adage goes: "it's impossible pour from an empty vessel," and as PREP_aRE training states, practitioners often require support to recover from the events they encounter for them to continue serving their schools and communities.

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Table 1

Personal and professional demographic information for total sample (n = 55)

	M (*SD*)	Range
Age	39.7 (9.7)	24 to 62
Years of Experience	12 (7.9)	0 to 25
Ratio (*n* = 54)	1003.9 (703.5)	85 to 3500
	n	%
Gender		
Female	47	85.5
Male	8	14.5
Race		
Black or African American	1	1.8
White or Caucasian	53	96.4
More than one race	1	1.8
Highest Level of Training		
Masters	3	5.5
Specialist	47	85.5
Doctoral	4	7.3
Other	1	1.8
PREPaRE Training		
Yes	27	49.1
No	26	47.3
Unsure	2	3.6
CRT[a] Membership (*n* = 53)		
Yes	27	50.9
No	26	49.1
Region*		
Central Region	54	98.2
Northeast Region	1	1.8
Southwest Region	0	0
Western Region	0	0
Community Setting		
Urban	11	20.0
Suburban	22	40.0
Rural	15	27.3
Mixture	7	12.7
Educational Setting		
Public	51	92.7
Private	0	0.0
Mixture	4	7.3

Note. The above table presents personal and professional demographic information for
participants of the present study. For items that were missing responses from all

participants (e.g., ratio, CRT membership, etc.), the number of responses for that item are indicated next to the item heading.

[a] CRT = crisis response team

* Regions

Central Region: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, OK, SD, WI

Northeast Region: CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, PR, RI, VT

Southeast Region: AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV

Western Region: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

Table 2

Knowledge/Preparedness (KP) and Self-Efficacy (SE) Composite Scores (n = 53)

	All Participants (*n* = 53)		CRT[a] Members (*n* = 26)		Non-Members (*n* = 27)		Membership Comparison	
	M (*SD*)	Range	*M* (*SD*)	Range	*M* (*SD*)	Range	*t*	*p*
KP[b] Composite	3.38 (.67)	1.5 to 4.7	3.41 (.65)	1.5 to 4.6	3.34 (.70)	2 to 4.4	0.36	0.36
SE[c] Composite	3.68 (.81)	1.5 to 5	3.75 (.86)	1.5 to 5	3.60 (.76)	1.5 to 5	0.7	0.24

Note. The above table provides the mean, standard deviation, and range of scores for the knowledge/preparedness (KP) and self-efficacy (SE) composite scores for total participants who provided data, as well as CRT members and non-members individually. Statistics for data comparison between CRT members and non-members related to each composite (i.e., *t*-scores and *p*-values) are also presented.

[a] CRT = crisis response team

[b] KP = knowledge/preparedness

[a] SE = self-efficacy

Table 3

Crisis Training Encountered in Graduate School (n = 42)

Type of Training	*f*	%
Seminars/Workshops	21	50.0
Content related to crisis preparedness and response from one or several courses	19	45.2
A course specific to crisis preparedness and response provided by my department	17	40.5
A course specific to crisis preparedness and response provided a different department	2	4.8
Other	2	4.8

Note. The above table presents frequency and percentage rates for different types of graduate-level training experiences indicated by participants.

Table 4

Crisis Events Encountered in Graduate School (n = 37)

Crisis Event Categories	*f*	%
Grief and Death	25	18.2
Suicide	22	16.1
Creating school district crisis plans	13	9.5
Violence/Aggression	13	9.5
Physical Abuse	12	8.8
Drugs or Drug-Abuse	9	6.6
Terminal or Critical illness	7	5.1
Sexual Abuse	6	4.4
Pandemic	5	3.6
Post-Traumatic Stress Disorder	5	3.6
Weapons/Firearms	5	3.6
Natural Disaster	4	2.9
Other	4	2.9
Dealing with the media during a crisis	3	2.2
Gangs	2	1.5
Terrorism	2	1.5

Note. The above table presents frequency and percentage rates for different types of crisis events encountered by participants during graduate school training.

Table 5

Types of Post-Graduate Crisis Preparedness Training Pursued (n = 53)

Post-Graduate Crisis Intervention Training	*f*	%
Local in-service/Seminars/Training sessions on crisis intervention	42	20.2
First Aid	31	14.9
Reading books about crisis	31	14.9
Reading journal articles about crisis	27	13.0
State and Regional Meetings	25	12.0
NASP National Conventions (specific crisis training)	20	9.6
Red Cross (specific crisis training)	13	6.3
Other National Conventions	11	5.3
Other	8	3.8
NOVA	0	0.0
APA Conventions	0	0.0

Note. The above table presents frequency and percentage rates for different types of post-graduate training experiences indicated by participants.

Table 6

Ratings of Practitioner Knowledge, Training, and Utilization (KTU), District Usages, and Perceived Appropriateness of Different Crisis Management Strategies (n = 48)

Category	KTU[a]	Usage in District		Appropriateness
	M	*n*	%	*M* (-1 to 1)
Lockdown Drills	3.61	44	89.8	0.854
Environmental Disaster Drills	3.43	40	81.6	0.854
Suicide Prevention	3.24	33	67.3	0.771
Staff/Faculty Debrief After Crisis Event or Drill	3.18	28	57.1	0.792
Individual Psychotherapy	3.14	26	53.1	0.708
Student Debrief After Crisis Event or Drill	3.08	26	53.1	0.813
Suicide Intervention and Response	3.04	35	71.4	0.833
Crisis Postvention	2.98	33	67.3	0.813
Other Behavioral Threat Assessments	2.92	25	51.0	0.646
Full-Scale Crisis Drills	2.90	22	44.9	0.354
School- or Grade-Wide Anti Bullying Initiatives	2.84	29	59.2	0.813
Comprehensive Crisis Preparedness Training	2.63	5	10.2	0.729
Crisis Electronic Reporting Systems	2.57	27	55.1	0.729
Cyberbullying Prevention	2.18	14	28.6	0.708
Crisis Electronic Alert Systems	1.94	20	40.8	0.479

Note. The above table presents mean knowledge, training, and utilization (KTU) scores, district usage statistics, and appropriateness ratings for all 15 categories of crisis management strategies.

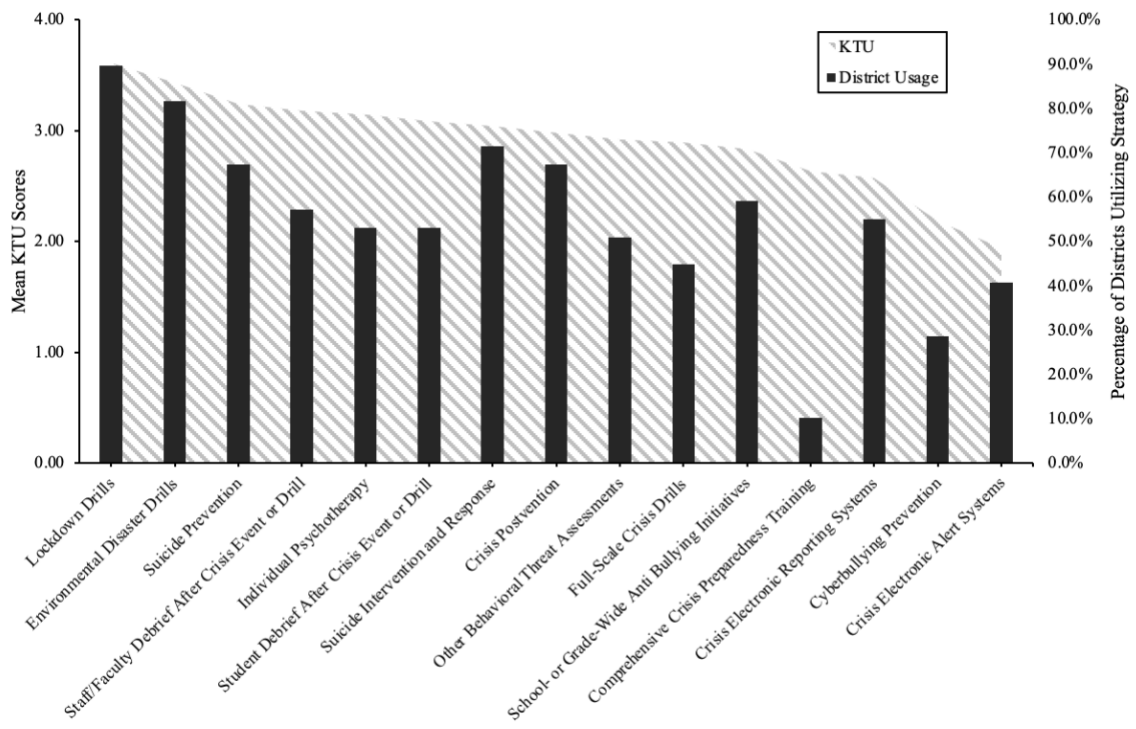[a] KTU = Knowledge, Training, and Utilization

Table 7

Crisis Management Strategy Usage by Community Type (n = 48)

Category	Rural (*n* = 13)		Urban (*n* = 11)		Suburban (*n* = 18)		Mixture (*n* = 6)	
	f	%	*f*	%	*f*	%	*f*	%
Comprehensive Crisis Preparedness Training	1	7.7	3	27.3	0	0.0	1	16.7
Crisis Electronic Alert Systems	6	46.2	2	18.2	7	38.9	5	83.3
Crisis Electronic Reporting Systems	4	30.8	8	72.7	10	55.6	5	83.3
Crisis Postvention	6	46.2	8	72.7	13	72.2	6	100.0
Cyberbullying Prevention	5	38.5	4	36.4	3	16.7	2	33.3
Environmental Disaster Drills	11	84.6	9	81.8	14	77.8	6	100.0
Full-Scale Crisis Drills	3	23.1	7	63.6	8	44.4	4	66.7
Individual Psychotherapy	7	53.8	5	45.5	12	66.7	2	33.3
Lockdown Drills	12	92.3	10	90.9	16	88.9	6	100.0
Other Behavioral Threat Assessments	2	15.4	8	72.7	10	55.6	5	83.3
School- or Grade-Wide Anti Bullying Initiatives	8	61.5	8	72.7	10	55.6	3	50.0
Staff/Faculty Debrief After Crisis Event or Drill	5	38.5	9	81.8	9	50.0	5	83.3
Student Debrief After Crisis Event or Drill	5	38.5	7	63.6	10	55.6	4	66.7
Suicide Intervention and Response	7	53.8	9	81.8	13	72.2	6	100.0
Suicide Prevention	8	61.5	7	63.6	13	72.2	5	83.3
	M		*M*		*M*		*M*	
Total	6.0		6.9		9.9		*	

Note. The above table presents frequency and percentage rates of interventions used in districts across different community types for all 15 categories of crisis management strategies. Mean strategy frequencies for each community types are also reported.

* Due to the small population of individuals from mixed community types (*n* = 6), data for this category were not reported or analyzed.

Figure 1

Ratings of Practitioner Knowledge, Training, and Utilization (KTU) and District Usage (n = 48)

Note. The above figure presents mean knowledge, training, and utilization (KTU) score alongside district usage statistics for all 15 categories of crisis management strategies.

Appendix A:
Study Cover Page

Current Practicing School Psychologists,

Thank you for your interest in participating in our study. The purpose of this study is to assess school psychologists' role as crisis managers by collecting information about their knowledge, preparation, and confidence using crisis management techniques, such as preventative and responsive strategies.

This study has been approved by UNMC IRB (0774-21-EX). It should take you no more than **15 minutes** to complete and will request the following information:

- **Part One:** basic demographic information about you and the population you serve, as well as professional demographic information
- **Part Two:** crisis preparedness training and experiences you may have encountered over the course of your education and professional practice, your familiarity with the crisis response plan used in your district(s) or building(s), and your confidence engaging in crisis management
- **Part Three:** familiarity, usage, and personal judgment regarding different strategies used for crisis management

Your participation in this research is voluntary and you have the right to withdraw from this study at any time, for any reason, and without prejudice. Your responses will remain confidential and anonymous and no identifying information about you, your school(s), and/or district(s) will be collected or stored (e.g., such as names, addresses, locations, or IP addresses).

If you have questions about or would like to discuss this research, please contact the following:

- UNMC IRB, Office of Regulatory Affairs: irbora@unmc.edu, or 402-559-6463
- Principal Investigator: April Minor at alminor@unomaha.edu
- Faculty Advisor: Dr. Brian McKevitt, bmckevitt@unomaha.edu

Appendix B:
School Psychologist Preparedness and Self-Efficacy Questionnaire

Questionnaire

Part One - Demographic Information
1. What is your age (years)? _____

2. What is your gender identity?
( ) Female
( ) Male
( ) Nonbinary
( ) Not listed (Please specify) _____
( ) I prefer not to say

3. Choose one or more race that you consider yourself to be: (Select all that apply)
( ) African American
( ) American Indian or Alaska Native
( ) Asian
( ) Black
( ) Hispanic or Latin American
( ) Indigenous or First Nations (outside of Continental U.S.)
( ) Middle Eastern or North African
( ) Native Hawaiian or Other Pacific Islander
( ) White or Caucasian
( ) Not listed (Please specify) _____
( ) I prefer not to say

4. Are you currently employed as a School Psychologist?
( ) Yes
( ) No

a. If not, please describe your occupation:
( ) School Administrator
( ) School Counselor/Guidance Counselor
( ) School Social Worker
( ) Educator
( ) Board Certified Behavior Analyst (BCBA)
( ) Student
( ) Not Listed (Please specify) _____

b. If not currently employed as a School Psychologist, have you previously been employed in this position?
( ) Yes
( ) No

5. How many years have you worked as a School Psychologist? Please mark only one.
( ) I am within my first year of practice (e.g., as an intern, first-year school psychologist)
( ) Please specify (years) _____

6. What is your highest level of training?
( ) Masters-Level
( ) Specialist-Level
( ) Doctoral-Level
( ) Not Listed (Please specify) _____

7. Are you trained in the NASP PREPaRE model?
( ) Yes
( ) No
( ) I do not know

8. What is the Psychologist-to-Student ratio at your current placement? *Example response: "1 psych to 750 students" or "2:1600"* _____

9. How would you describe your school's community setting?
( ) Rural
( ) Suburban
( ) Urban
( ) Mixture or Not Listed (Please specify) _____

10. What is your geographic regions?
( ) Central (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, OK, SD, WI)
( ) Northwest (CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, PR, RI, VT)
( ) Southwest (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV)
( ) Western (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY)

11. Do you work in a public or private school?
( ) Public
( ) Private
( ) Not Listed (Please specify) _____

Part Two - Training, Preparation, and Individual Attitudes
1. Did you receive training for crisis preparedness and response in any courses within your university training program?
( ) Yes
( ) No

a. If yes, please specify the training:
( ) A course specific to crisis preparedness and response provided by my department
( ) A course specific to crisis preparedness and response provided a different department
( ) Content related to crisis preparedness and response from one or several courses, not specifically related to the topic
( ) Seminars/Workshops
( ) Other (Please specify) _____

b. Describe how well you feel the University course work prepared you to deal with school crises.
( ) Not at all prepared
( ) Minimally prepared
( ) Adequately prepared
( ) Well prepared

( ) Very well prepared

2. During practicum and/or internship did you have experiences in crisis preparedness, intervention, or response?
( ) Yes
( ) No

a. Please specify what those crises were: (Select all that apply)
( ) Suicide
( ) Pandemic
( ) Creating school district crisis plans
( ) Dealing with the media during a crisis
( ) Post-Traumatic Stress Disorder
( ) Sexual Abuse
( ) Physical Abuse
( ) Grief and Death
( ) Terminal or Critical illness
( ) Violence/Aggression
( ) Gangs
( ) Weapons/Firearms
( ) Drugs or Drug-Abuse
( ) Natural Disaster
( ) Terrorism
( ) Other (Please specify) _____

b. Describe how knowledgeable you feel about the crisis topics selected.
( ) Not knowledgeable
( ) Slightly knowledgeable
( ) Somewhat knowledgeable
( ) Fairly knowledgeable
( ) Extremely knowledgeable

c. Describe how well you feel your practicum and/or internship experiences prepared you to deal with crisis topics selected.
( ) Not at all prepared
( ) Minimally prepared
( ) Adequately prepared
( ) Well prepared
( ) Very well prepared

d. Describe how confident you feel in your abilities to deal with crisis topics selected today.
( ) Not at all confident
( ) Slightly confident
( ) Adequately confident
( ) Fairly confident
( ) Completely confident

3. In your university program, do you feel that you had adequate supervision for crisis preparedness, intervention, and response?
( ) Yes
( ) No

4. Since graduation, what types of crisis intervention training have you received? (Select all that apply)
( ) First Aid
( ) Local in-service/Seminars/Training sessions on crisis intervention
( ) Red Cross (specific crisis training)
( ) NOVA
( ) NASP National Conventions (specific crisis training)
( ) APA Conventions
( ) Other National Conventions
( ) State and Regional Meetings
( ) Reading books about crisis
( ) Reading journal articles about crisis
( ) Other (Please specify) _____

5. In terms of the post-graduate crisis intervention training received:
( ) My school district or school provided these opportunities
( ) I sought these opportunities out on my own
( ) A combination of the two
( ) Not Listed (Please specify) _____

6. How prepared do you feel as a result of the crisis intervention training you have received?
( ) Not at all prepared
( ) Minimally prepared
( ) Adequately prepared
( ) Well prepared
( ) Very well prepared

7. How prepared do you feel your school is to respond to a major school crisis?
( ) Not at all prepared
( ) Minimally prepared
( ) Adequately prepared
( ) Well prepared
( ) Very well prepared

8. I am confident that I can assess whether a student is at risk for a crisis.
( ) Not at all confident
( ) Slightly confident
( ) Adequately confident
( ) Fairly confident
( ) Completely confident

9. My district or individual school has a crisis response plan in place.
( ) True
( ) False
( ) I do not know

10. The crisis plan my district or individual school has is well developed and comprehensive.
( ) True
( ) False
( ) I do not know

11. Did you assist in creating the school crisis response plan?
( ) Yes
( ) No

a. If yes, to what degree have you been involved in the creation of the school crisis response plan?
( ) Not involved at all
( ) Slightly involved
( ) Somewhat involved
( ) Fairly involved
( ) Extremely involved

12. How confident are you to implement your school crisis plan if necessary?
( ) Not at all confident
( ) Slightly confident
( ) Adequately confident
( ) Fairly confident
( ) Completely confident

13. How important do you feel it is to prepare for a major school crisis?
( ) Not important at all
( ) Slightly important
( ) Somewhat important
( ) Fairly important
( ) Extremely important

14. Does your district/school have a crisis team?
( ) Yes
( ) No
( ) I do not know

15. Are you a member of the school crisis team?
( ) Yes
( ) No
( ) I do not know

16. How important do you feel it is to be part of the school crisis team?
( ) Not important at all
( ) Slightly important
( ) Somewhat important
( ) Fairly important
( ) Extremely important

17. What training components have been helpful when responding to crisis events in your district or individual school? _____

Part Three - Knowledge and Usage of Crisis Programming and Practices
For the following, please specify your level of familiarity and training in each of the following areas (please check all that apply). Then, indicate if this is a program or practice used within your

school, district, organization, or area education agency (AEA). Finally, indicate whether you feel this practice is appropriate for use in your current professional setting.

Program or Practice	*I have not heard of this program or practice.*	*I am knowledgeable of this program or practice.*	*I have received training for this program or practice.*	*I have participated in or implemented elements of this program or practice.*	This program or practice is currently in use within my school, district, organization, or area education agency (AEA).	I feel that this program or practice is appropriate for use in my current professional setting.
Comprehensive Crisis Preparedness Training (e.g., NASP PREPaRE)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Lockdown Drills (e.g. Shelter-In-Place)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Full-Scale Crisis Drills (e.g., Armed Intruder Drills)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Environmental Disaster Drills (e.g., Flood, Tornado, Fire, etc.)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Individual Psychotherapy (e.g., Cognitive Behavioral Therapy [CBT])					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Suicide Prevention (e.g., Screening – Suicidal Behavior Questionnaire [SBQ], School- or Grade-Wide Presentations, Suicide Awareness Events)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Suicide Intervention and Response (e.g., Individual Psychotherapy, Active Crisis Response)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )

Other Behavioral Threat Assessments					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
School- or Grade-Wide Anti Bullying Initiatives (e.g., Bullying Awareness and Education Presentations)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Cyberbullying Prevention (e.g., CyberSmart!)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Crisis Electronic Reporting Systems (e.g., Safe School Hotlines, Safe2Help)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Crisis Electronic Alert Systems (e.g., K-12 Alerts)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Crisis Postvention (e.g., Psychological Triage, Reunification, Grief Counseling)					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Staff/Faculty Debrief After Crisis Event or Drill					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )
Student Debrief After Crisis Event or Drill					True ( ) False ( ) Unknown ( )	True ( ) False ( ) Neutral ( )