School Psychologists' Perceived Concerns Regarding Crisis Intervention with Diverse Populations

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Ana E. Kemple

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ABSTRACT

SCHOOL PSYCHOLOGISTS’ PERCEIVED CONCERNS REGARDING CRISIS INTERVENTION WITH DIVERSE POPULATIONS

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With the ever-increasing diversity among students in the United States, American schools are seeing more of a mismatch between school personnel and students. Service provision has traditionally addressed multicultural competencies in the area of assessment and more recently in counseling procedures. With the increased attention given to school-related crises, the role of school psychologists has expanded to include crisis intervention. The current study will present information on the need for multicultural competencies in crisis intervention and assess the current concerns of nationally certified school psychologists in this area of service provision.

Responses from a random sample of school psychologists (n= 276, 81% return rate) indicated that almost half expressed a need for increased understanding of cultural issues when providing crisis intervention. However, the other half of participants reported having no concerns regarding multicultural issues in crisis provision, possibly reflecting a lack of awareness and sensitivity. Helpful resources are provided to assist practitioners in becoming more culturally competent in the area of crisis intervention.
ACKNOWLEDGEMENTS

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Introduction

Recent changes in the demographics of the United States have increased the ethnic and cultural diversity of students in American schools. In the 2001-2002 school year, the National Center for Educational Statistics (NCES, 2003) reported that approximately 40% of students enrolled in American public schools were students of color. Additionally, the number of students who speak a language other than English in the home has also increased. Based on the 2000 census, the U.S. Census Bureau reported over 350 languages spoken in the United States (2001). Seventeen percent of students (nearly nine million) reported speaking a language other than English in the home (Klein, Bugarin, Beltranena, & McArthur, 2004; U.S. Census Bureau, 2001).

In direct contrast to the ever-increasing student diversity in American schools, the racial makeup of schoolteachers remains primarily Caucasian (84%) (NCES, 2002). Of those teachers who are of color (approximately 15%), only 9.9% are Black and 5.4% are Hispanic (U.S. Census Bureau, 2002). Special Education teachers, which tend to serve a disproportionate percentage of minority students, are 9.7% Black and 2.4% Hispanic (Study of Personnel Needs in Special Education [SPeNSE], n.d.; U.S. Census Bureau, 2002). An even greater disparity exists between student ethnicity and the ethnicity of school-based mental health professionals—almost 95% of school psychologists are Caucasian (Curtis, Grier, Abshier, Sutton, & Hunley, 2002).

Despite the growing diversity among student populations, a shortage exists in school professionals who have specialized skills in working with diverse populations. In the 2000-2001 school year, only one third of the needed “English learning” teacher positions were filled with appropriately trained and certified specialists (NCES, 2002). A
shortage of specialists with expertise in language skills is also reflected in the field of school psychology. The National Association of School Psychologists (NASP) indicates that only 10% of their members are fluent in a language other than English (Curtis, Hunley, Walker, & Baker, 1999).

As student populations become increasingly diverse, educational professionals are faced with the need to address competency issues related to service provision to students of diverse backgrounds. NASP encourages the promotion of “cultural competence in every area of school psychological service delivery” (NASP, n.d.). In other words, consultation, intervention, and assessment practices should seek to meet the needs of students, teachers and parents by conveying recognition and sensitivity to linguistic and cultural differences (Rosenfield & Esquivel, 1985). Without cross-cultural competence, “critical resources are not engaged, important changes to improve the cultural and linguistic relevance of the instructional environment are not made, the teacher remains uninformed, the parents uninvolved, and the child’s needs go unmet” (Tarver Behring & Ingraham, 1998, as cited in Rogers & Lopez, 2002). School psychologists, who are responsible for addressing the social, emotional and academic needs of students, “must understand the ways in which cultural and linguistic differences influence how a child views and interacts with his or her environment, including how children learn and behave in school” (Nuijens & Klotz, 2004).

For the purposes of this paper, the terms culture, cultural diversity, and cross-cultural competence will be specific to racial and ethnic group identity, instead of focusing on the more broad definition, which includes gender, sexual orientation, disability, or age. Cultural competence will refer to the ability to recognize students’
cultures and “the development of a set of skills, knowledge, and policies to deliver effective treatments” (Sue & Sue, 1999).

Matching Services to Multicultural Needs

Assessment. In the existing school psychology literature, addressing the provision of effective and culturally sensitive services has been somewhat restricted to concerns related to evaluation and assessment, particularly to concerns related to the over-identification of minority students for special education services (Artiles & Trent, 1994; Chinn & Hughes, 1987). In direct response to this concern, an increased emphasis has been placed on training school psychologists to provide culturally sensitive assessments, taking into account individual and group differences impacting performance (Ochoa, Powell, & Robles-Pina, 1996; Ochoa, Rivera, & Ford, 1997; Ochoa, Rivera, & Powell, 1997). The need for culturally sensitive assessments and the awareness of that need resulted in the development of more appropriate assessment instruments (Bracken & McCallum 1998).

School psychologists must especially consider the linguistic, psychometric, and cultural criteria associated with assessment tools for students who are limited English proficient (Figueroa, Sandoval, & Merino, 1984). A school psychologist’s linguistic competency in another language certainly facilitates the ability for the examiner to establish rapport with the student and also allows for the ability to alternate languages as needed (Gopaul-McNicol, 1997). Bilingual school psychologists are then able to sensitize schools to the needs of this population of students and be able to present information about cultural issues and the role of language as possible factors in learning difficulties (Rosenfield & Esquivel, 1985).
Counseling. Counseling is another area of service provision affected by the growing diversity in student populations. A study by Huebner (1993), found that school psychologists working in secondary settings considered counseling competencies as being more critical to effective service provision than all other professional skills. However, the components of multicultural counseling are sometimes difficult for the practitioner to discern. One practitioner (Lloyd, 1987, as cited in Whitledge, 1994) found that participating in a cultural orientation prior to meeting his Malaysian clients was helpful in understanding social customs and religion, but not necessarily helpful in providing effective counseling to those clients. However, “being multiculturally competent does not always imply introducing and using culture in therapy, but to have the knowledge, awareness, and skills to know when and how culture can be best used” (Liu & Clay, 2002, p. 2).

Those who provide counseling must learn to recognize what is in the best interest of those they serve. Research specific to multicultural counseling suggests that matching the client and therapist on the basis of ethnicity, language, and gender leads to improved treatment outcomes and that schools should seek to provide culturally similar school psychologists and school counselors whenever possible (Hall, Guterman, Lee, & Little, 2002; Whitledge, 1994). However, providing a cultural match of professional with students who are not Caucasian is very difficult, given the differences in current racial demographics of students and professionals.

On a more positive note, being from or familiar with a particular culture and/or language can facilitate the ability to establish rapport with children and parents (Weiss & Parish, 1989). Weiss and Parish found that language issues, the ability to understand and
be understood, were key to providing supportive crisis intervention to traumatized Indochinese refugees struggling to adapt to the American culture. Even minimal language skills, on the part of the counselor or the refugee, were found to greatly increase the effectiveness of intervention and the potential for refugees to adapt to their new environment. Familiarity and language fluency also help to provide accurate interpretation and translation of important documents and information related to informed consent, therapy, assessments, etc. (APA, 2002).

Cross-culturally competent counselors must consider and respect the preferred language of the client (APA 2002; Sue 1998, Sandoval, 2002). Sandoval points out that language is one of the most important aspects of culture and because people are generally better able to express themselves in their native language. Best practices recommend that bilingual school psychologists work with culturally diverse students (Marcos & Alpert, 1976, as cited in Rosenfield & Esquivel, 1985). However, because of limitations created by language differences and patterns, even bilingual school psychologists may be limited in this area unless the “synthesis of verbs, nouns, adjectives, adverbs and phrases that result in common understandings among those [in a particular] culture” are understood (Young, 1998, p. 26). Thus, developing competencies related to working with diverse populations is essential for even those professionals who match their clients’ culture and linguistic proficiency.

The need for multicultural counseling competencies. Limited research is found that discusses the multicultural counseling competencies needed by school psychologists who work with students of diverse backgrounds; however, there is a growing awareness of this need. Some researchers have previously addressed certain competencies for school
psychologists who work with bilingual/bicultural students (Figueroa et al., 1984; Rosenfield & Esquivel, 1985); and although they have considered issues such as “cross-cultural awareness, interpersonal sensitivity skills, second language proficiency skills and bilingual assessment skills,” they do not address any additional competencies in this area (Rogers & Ponterotto, 1997, p. 211).

Larger mental health based organizations provide additional resources and information on becoming a culturally competent mental health practitioner. At the National Multicultural Conference and Summit in 1999, multicultural experts convened to assess the current state of psychology with respect to multicultural considerations. They noted that the “traditional psychological concepts and theories were developed from a predominantly Euro-American context and may be limited in their applicability to the emerging racially and culturally diverse population in the United States” (Sue, Bingham, Porche-Burke, & Vasquez, 1999, p. 1063). Their findings led to a push for the development of improved training programs and guidelines used to work with culturally diverse clientele. In 2002, the American Psychological Association published Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists to address this need.

While there are those who question whether general and multicultural counseling competencies are separate constructs (Coleman, 1998), there are others who consider it unethical for counselors without appropriate training in multicultural counseling to work with multicultural clientele (Hobson & Kanitz, 1996; Gopaul-McNicol; 1997). Pedersen (1987) discussed 10 assumptions of cultural bias in counseling that limit rapport building and positive outcomes for minority clients. He notes that automatic acceptance and use of
traditional theories (e.g. a common measure of “normal” behavior, emphasis on individualism, neglect of history, etc.) are examples of cultural bias. D’Andrea and Daniels (1991) and Holcomb-McCoy (2004) also note that most of the counseling theories and interventions currently employed have not been evaluated for individuals from diverse backgrounds.

Researchers interested in the development of multicultural competencies in the schools have presented their findings to assist in the awareness of this need. Reynolds (1999) presented six core competencies needed to effectively counsel across cultural differences in schools. These competencies are (a) acquiring knowledge and understanding of cultural groups, (b) increasing knowledge about cultural concepts, (c) increasing self-awareness of multicultural skills, (d) employing culturally responsive interventions, (e) understanding the dynamics of a multicultural relationship, and (f) building sensitivity to cultural assumptions underlying the helping process.

Gopaul-McNicol (1997) also presented a list of competencies for school psychologists who work with diverse populations. Cross-cultural counseling competency was one of fifteen competencies listed in her study and was defined as “[respecting] the indigenous help beliefs and practices of the client [as well as having] awareness of the institutional impediments that hinder the use of counseling services[by the client]” (p. 18). Other important competencies suggested by Gopaul-McNicol included the need for awareness of the therapist’s own values and biases; general cross-cultural awareness (i.e., awareness of variations between different cultural groups); competence in understanding inter-racial issues; language competencies; competence in working with interpreters;
cross-cultural conflict resolution; and competence in empowering families through community based organizations.

In a later study conducted by Rogers and Lopez (2002), the researchers employed experts in cross-cultural school psychology to rate the competencies found in the existing literature as well as include additional competencies based on their professional experience. Among the fourteen competency categories derived, cross-cultural counseling (i.e. acknowledging helping styles that may be culture bound; assessing the acculturation of the client, etc.); knowledge of theoretical paradigms (i.e., knowing the strengths and limitations of theories and their appropriateness with linguistically and culturally diverse students); and working with interpreters (i.e., knowing the competencies needed by interpreters and how to interpret information obtained through them) were listed. Rogers and Lopez stated that all school psychologists are ethically responsible for providing “informed and relevant psychological services [to those they serve] and understanding the limits of their own competencies” (p. 21).

Crisis Intervention and Multicultural Issues

Despite the fact that awareness of the need for multicultural competencies has increased in recent years among mental health practitioners, the majority of concern is focused on assessment and general counseling procedures. Although recent books on crisis intervention contain information regarding sensitivity to cultural considerations (James & Gilliland, 2001; Rabalais, Ruggiero, & Scotti, 2002; Sandoval & Lewis, 2002; Young, 1998), difficulties in acknowledging, understanding, and relating to individuals and families from diverse backgrounds continue to impede the provision of mental health services in this area (Pedersen, 1987, 1994; 2003; Sue & Sue, 1999, 2003). As James and
Gilliland stated “... although crisis intervention is never easy, cultural insensitivity may make it even more difficult” (2001, p. 26). As with other areas of service provision, crisis intervention is also in need of multicultural sensitivity and awareness.

Because a crisis is an unanticipated event, its occurrence can cause coping mechanisms to become temporarily compromised and create disorganization in an individual’s ability to deal with the situation using familiar and customary problem solving methods (Allen, Jerome, White, Marston, Lamb, Pope, et al. 2002; Caplan, 1964; Hermann & Remley, 2000; Slaikeu, 1990). Crisis intervention therefore aims to restore the victim to a “pre-crisis level of functioning” (Hermann & Remley, 2000). Being able to do this means “being sensitive to the unique experiences, beliefs, norms, values, traditions, customs, and language of each individual” (U.S. Department of Health and Human Services [DHHS], 2003, p. 1). It is therefore important to recognize that culture shapes how an individual “identifies the threat of traumatic events, interprets them, and manifests [his or her] distress at them” (Young, 1998, p. 3).

Crises that occur at school undermine the school’s safety and stability (Johnson, 2000). Because of the increase in school-related crises, crisis intervention has become an ever-increasing need in the repertoire of school based mental health practitioners (Brock, Sandoval, & Lewis, 2001; Johnson, 2000; Kline, Schonfeld, & Lichtenstein, 1995). Sandoval (2002) notes that most mental health professionals responding to a crisis will come from the dominant culture (White, middle class, English monolingual) and will tend to operate from Western European based values. He also points out that, because of the growing diversity in society, many of the victims of such events will come from a wide variety of diverse backgrounds and languages, which potentially creates a
disconnect between the helper and students/clients. As previously mentioned, this disconnect can be alleviated if the mental health professional and student are able to communicate in the student’s native language. As Young (1998) stated, “languages dictate how one forms ideas, translates sensory perceptions, and interprets the world” (p. 26). While communication is a key consideration, a competent school psychologist, sensitive to issues of diversity, must consider other issues that may be affecting the student’s responses to the world around them.

It is important to recognize that ethnic minority and immigrant students are already vulnerable to multiple mental health problems related to their cultural diversity (e.g., culture shock, racism, depression, identity concerns, etc.) (Yeh, 2003). A period of adjustment and assimilation to a new culture must be taken into consideration. Additionally, because “many migrating families have already experienced crisis events in their home country…these children and their families may be particularly vulnerable when school related crises occur” (Sandoval, 2002, p. 42). Tramonte (2000) exhorts school psychologists to remember that the cultural history of the client cannot be neglected, especially in the immediacy of a crisis.

Cultures serve to “create meaning systems that explain the causes of traumatic events” (deVries, 1996, p. 403, as cited in Rabalais et al., 2002), thus counselors should seek to gain a meaningful knowledge of the culture in which they work. If possible, “working together with a counselor/healer from the culture could vastly improve the probability of success in appropriate interventions” (Doherty, 1999, p. 4). If such a professional is not available, it is still important to seek consultation through resources
that are well-informed regarding cultural influences during a crisis (Young, 1998), and to utilize the help of an effective interpreter.

In an effort to address the training needs of school psychologists, NASP has recently expanded its training standards to foster the development of skills associated with crisis intervention (NASP, 2000, p. 9, 15, 16). NASP purports that school psychologists must be prepared to assist schools in meeting the emotional needs of children following events such as “suicide, death, natural disasters, murder, bombs or bomb threats, extraordinary violence, sexual harassment, etc.” (p. 15). To further provide support for school psychologists, NASP’s website recently included information on culturally competent crisis response (Silva, 2004).

**Examples of the Need for Multicultural Crisis Intervention**

One dramatic example of the challenges present in providing crisis intervention to a culturally diverse school took place on January 17, 1989 in Stockton, California. Cleveland Elementary School, a campus serving approximately 970 students, 70% of whom were of Southeast Asian descent, began the day like any other day (Armstrong, 1991; Brock, 2002; Cox & Grieve, 1989). The majority of students’ parents were non-English speakers (Armstrong, 1991). During midmorning recess, a Caucasian male aimed a semi-automatic AK-47 rifle toward the playground and randomly began shooting at children. When the shooting ceased five students were dead. One teacher and 29 other students were seriously wounded.

Armstrong (1991), the school psychologist for Cleveland Elementary School, described the chaos that ensued. Word about the shooting quickly spread throughout the neighborhood and frightened parents rushed desperately onto school grounds trying to
find their children. Despite the outpouring of help being offered by police, staff, and other professionals, the language barrier limited communication with parents and children. Although some children served as translators, many responded to the stress of the situation by reverting to their native language and were unable to facilitate adequate communication. The panic and chaos continued as children were transported to the hospital, class lists were inaccessible, and parents failed to follow the school’s protocol of signing their children out prior to taking them from school. Many of the wounded children, because of the difficulty in pronouncing and spelling their names, were unidentified for several hours. It was difficult for parents and staff to determine which children were safe, missing, injured or dead.

Another distressing example of how culture can impact a crisis is the tragic story of a Pakistani-American teenager who attempted suicide in a school restroom. She was distraught because she did not want to comply with tradition: marrying the man her family had arranged for her to marry (Lieberman & Davis, 2002). School officials had great difficulty communicating the situation to the girl’s mother who was unfamiliar with American culture and unable to communicate in English. Distress and confusion were compounded because the school’s staff and administrators could not speak the mother’s language, nor could the mother speak English. Such events are not restricted to any particular type of school and are capable of happening at any time. Traumatic examples such as these bring to light the importance of considering linguistic and cultural differences between school professionals and students when preparing for crisis intervention.
Purpose of Current Study

To date, only three surveys investigating school psychologists’ role in general crisis intervention have been published (Allen et al., 2002, Nickerson & Zhe, 2004; Wise, Smead, & Huebner, 1987). In each of these studies, school psychologists reported inadequate preparation for this role. Furthermore, no specific mention of multicultural issues was made. With or without preparation, school psychologists regularly interact with children and families from diverse backgrounds.

Because of the growing diversity in school populations, there is an increasing awareness of the need for crisis intervention to fit the needs of students and families from diverse backgrounds. This study proposes to investigate the concerns of school psychologists in relation to providing crisis intervention to students and families from diverse backgrounds. In this study, school psychologists were surveyed regarding their concerns in providing crisis intervention to students from diverse backgrounds. These concerns allow for a unique view into their insight and feedback, providing a gauge for determining strengths and weakness in service provision. This input will assist in developing practical guidelines for improving crisis intervention and increasing the effectiveness and utility of these services. The current study is intended to provide a basis for future research efforts in improving crisis intervention for students and families from diverse backgrounds.

Method

Participants

A total of 350 potential participants were randomly selected from the 1999 directory of Nationally Certified School Psychologists. School psychologists with
national certification were selected because of the standards associated with this credential. Practitioners who hold the NCSP credential obtain national recognition and verification of their training and experiences, and as a result are seen as demonstrating their commitment to high levels of professionalism and practice (NASP, 2005). Of the 284 completed surveys (81% return rate), 275 were included in the data analysis. Surveys were not included if the school psychologist reported never practicing in a school setting. One survey was not included due to missing data on variables of interest to this study.

The participants completed a questionnaire (refer to Appendix A) regarding their training and participation in school crisis intervention (Allen et al., 2002). The current study provides a summary of the practitioners’ responses to question #19, an open-ended question not previously analyzed: “What issues in the area of crisis intervention most concern you when working with students of diverse backgrounds?” Instead of providing the participants with a list of response options, researchers requested that participants answer freely. Because minimal research has focused on the topic of multicultural considerations in school crisis plans or crisis service provision, it was decided that an open-ended question would gather preliminary information in a manner which would allow for a wider range of input upon which to base future research studies (Richardson, 1996; Schwarz, 1999).

Data Collection

One undergraduate research assistant and 16 graduate student volunteers assisted with data collection. The research assistants made an average of 2 to 3 attempts to contact each of the 350 school psychologists by phone. Research assistants were directed to follow a scripted questionnaire. The script briefly described the study, indicated the
approximate time required to complete the questionnaire (10 minutes), and informed the participants of confidentiality issues and the voluntary nature of their participation. A faculty name and phone number were provided in case the participant had additional questions or concerns regarding the research.

In order to accommodate school psychologists’ busy schedules and increase the likelihood of their willingness to participate, three response options were offered: (a) ten-minute phone interview, (b) survey mailed via regular mail, and (c) e-mail survey. The majority of participants opted for the phone interview (66%). Almost 25% chose to complete a questionnaire by regular mail; 9% requested an e-mail survey.

Coding

An associate professor in school psychology and two graduate students in a graduate counseling psychology program, independently developed coding categories based on themes and recurring topics. Final categories were identified and defined after discussing the preliminary categories. Inter-rater reliability was determined utilizing cross-tabulation and Cohen’s Kappa statistic. The three coders’ data were paired, making three sets of inter-rater reliability statistics (A X B, A X C, B X C). The three sets of inter-rater reliability coefficients were averaged for each category.

The major categories consisted of comments indicating the following concerns when working with students of diverse backgrounds in crisis interventions: (a) “no difference,” “treat all the same,” “no needs”; (b) blank-no response written in or reported, (c) not applicable, or not involved with crisis intervention, (d) multicultural needs accounted for, services in place to care for needs; (e) cultural issues; (f) concerns regarding specific events or crisis topics (g) community and home issues; (h) difficulties
with communication/language issues; (i) school personnel/staff issues, issues related to school crisis plans and school team; (j) coping issues; (k) relationships issues, building rapport and trust; (l) crisis prevention issues; and (m) miscellaneous. Each comment was coded in at least one category. When comments included more than one category, other categories were also coded.

In order to understand which types of crises were coded in the “concerns regarding specific events or crisis topics” category (item “f” above) data were analyzed with a word search, counting specific crisis topics that were included in practitioners’ comments. This information provided a breakdown of specific crises most relevant to school psychologists providing crisis intervention to students from diverse backgrounds. The intent was to assure that coding accurately represented each of the categories defined.

Results

Inter-Rater Reliability

Inter-rater reliability coefficients ranged from .526 in the “no needs/needs taken care of” category to 1.00 in the “blank” category. The average inter-rater reliability for all categories combined was .812 (see also Table 1). When inter-rater reliability was discussed with the coders, it was found that discrepancies were related to the interpretation of comments. For example, there was confusion when a school psychologist reported “no concern, we are meeting the needs of diverse populations” but then subsequently added a list of suggestions. There was also confusion about coding for content versus coding for theme or intent. Disagreements were handled via discussion and a majority consensus (two out of three, or three out of three) among the raters.
Table 1

*Coding Inter-Rater Reliability*

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Inter-Rater Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank</td>
<td>1.000</td>
</tr>
<tr>
<td>Communication/Language</td>
<td>.966</td>
</tr>
<tr>
<td>Prevention issues</td>
<td>.887</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>.865</td>
</tr>
<tr>
<td>No difference /Treat all the same</td>
<td>.863</td>
</tr>
<tr>
<td>Community/Home issues</td>
<td>.845</td>
</tr>
<tr>
<td>Specific crisis issues</td>
<td>.841</td>
</tr>
<tr>
<td>Cultural issues</td>
<td>.834</td>
</tr>
<tr>
<td>Relationship issues</td>
<td>.807</td>
</tr>
<tr>
<td>Not applicable/Not involved</td>
<td>.748</td>
</tr>
<tr>
<td>School staff issues</td>
<td>.701</td>
</tr>
<tr>
<td>Coping issues</td>
<td>.669</td>
</tr>
<tr>
<td>Needs taken care of</td>
<td>.526</td>
</tr>
<tr>
<td>All Categories Combined</td>
<td>.812</td>
</tr>
</tbody>
</table>

*Note.* Inter-rater reliabilities are based on 3 separate individuals’ coding the comments of 275 school psychologists.
Demographics of Participants

The demographics of participating school psychologists in this study are comparable to the current membership of the National Association of School Psychologists, NASP (Curtis et al. 2002; Thomas, 2000). Of those responding, 71% were female (29% male). Respondents reported practicing as school psychologists for an average of 16.8 years ($SD = 7.6$ years). Forty percent reported receiving a master’s degree, 33% a specialist degree or specialist level of training, and 27% a doctoral degree. Twenty-two percent reported working in rural school districts, 40% in suburban school districts, 13% in combined rural-suburban or suburban-urban areas and 25% in urban school districts. Participants reported serving an average of 1,699 children ($SD = 1,608$); the distribution in this variable was positively skewed.

Based on demographic information provided by participants, almost 20% of the school psychologists stated they did not know the ethnic composition of the district or school in which they served. Similarly, 16% were not aware of their district’s number of students enrolled. There appeared to be an overlap in these two categories. Of those who were unaware of the district’s ethnic composition, 42% were also unaware of the district’s student count. Only about 10% of those aware of district ethnicity were unaware of the district’s student count, $\chi^2 (1, n = 275) = 32.199, p < .0001$.

Of those school psychologists unaware of district ethnicity, 66% did not report concerns regarding provision of crisis intervention services to students of diverse backgrounds. In contrast, among those who were aware of ethnic composition, only 18% did not report concerns $\chi^2 (1, n = 275) = 10.026, p = .002$. Other demographic
characteristics such as gender, recency of graduation, and geographic location were not related to the likelihood of participants reporting concerns.

*Analysis of Comments*

Almost half (45%) of the participants either provided no comments or made comments expressing no concern when providing crisis intervention to students from diverse backgrounds. Participants responding by phone and e-mail were more likely to provide comments than were those participating by regular mail, \( X^2 (2, n = 275) = 16.992, p < .0001 \). Of the 69 participants responding by regular mail, 46 (67%) either did not make a comment (leaving the response to the question blank), stated that they had “no concerns,” or stated they were not involved in crisis intervention. In contrast, 39% of those surveyed by phone and 33% of those surveyed by e-mail did not list concerns in regard to providing services to students from diverse backgrounds.

Four categories were designated to more clearly define the nature of the 124 questionnaires that did not list actual concerns. Of the total group of participants, 49 individuals (18% of the total sample) did not respond to the question and left the response space blank. Seventeen (6%) stated “not applicable,” “not involved in crisis intervention,” or “I don’t know.” Fifty-five (20%) wrote in comments such as “Not important;” “No differences;” “No needs;” “I have no concerns;” “No diversity in our district;” and “We treat all the same.” One person commented, “Diverse from what? The issues of crisis intervention are the same regardless of your specific background. Does divorce or a death affect Whites differently than Blacks or Asians or Mormons?” The remaining 3 (1%) stated they had no concerns because their crisis team was already sensitive to students’ needs and dealt appropriately with multicultural issues.
Table 2

School Psychologists’ Concerns

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>% of total</th>
<th>% of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No diff / treat all the same</td>
<td>55</td>
<td>20</td>
<td>na</td>
</tr>
<tr>
<td>Blank</td>
<td>49</td>
<td>18</td>
<td>na</td>
</tr>
<tr>
<td>Not applicable/not involved</td>
<td>17</td>
<td>6</td>
<td>na</td>
</tr>
<tr>
<td>No needs/ taken care of</td>
<td>3</td>
<td>1</td>
<td>na</td>
</tr>
<tr>
<td>Cultural issues</td>
<td>80</td>
<td>29</td>
<td>53</td>
</tr>
<tr>
<td>Specific crisis issues</td>
<td>48</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Community/Home issues</td>
<td>38</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Communication</td>
<td>34</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>School staff issues</td>
<td>34</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Coping issues</td>
<td>27</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Relationship issues</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Prevention issues</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2</td>
<td>&lt;1</td>
<td>1</td>
</tr>
</tbody>
</table>

Note. Some school psychologists commented on more than one concern.

aTotal N = 275.

b151 school psychologists provided comments.

Table 2 displays the number and percentage of participants who responded to the question “What issues in the area of crisis intervention most concern you when working
with students of diverse backgrounds?” with answers categorized as listed. The table also shows the percentage of comments which could be categorized as containing information about specific concerns.

The following paragraphs detail the categorized concerns (as listed in Table 2) reported by the school psychologists who participated in this study. It is important to remember that these responses reflect answers to an open-ended question regarding the professional’s concerns when conducting crisis interventions with students of diverse backgrounds.

*General cultural issues.* Of the concerns reported, general cultural issues were the most frequently mentioned. Almost 53% of those who reported concerns commented specifically on cultural issues. The emerging theme in this category was the importance of sensitivity and respect for others’ perceptions based on cultural differences and respect for others’ “way of doing things.”

One respondent described the importance of being respectful to cultural differences when providing assistance to those from diverse backgrounds. He stated,

The biggest concerns in working with diverse populations involve personalizing the designated interventions in addressing a crisis. Different culture and ethnic groups have varying responses to “crises” as well as even in defining what constitutes a “crisis.” Family honor, keeping secrets and/or problems within the family, and reluctance in accepting intrusion from outsiders would require sensitivity to the cultural and ethnic codes in certain populations while offering assistance to these students and families. My crisis response to a Pakistani male student might be very different than that to an Anglo-American male student as a
result of cultural factors, which dictate the parameters for accepting help outside of the family. It is important to be respectful of cultural differences while still attempting to offer assistance.

The majority of comments were abbreviated and fairly generic, but they still contained the basic premise of understanding, respecting and sensitively acknowledging other cultures. One school psychologist stated it was important to “understand how different cultures treat crisis and grief from their frame of reference.” Several comments supported the “need to be aware of cultural issues relevant to different groups” and “being sensitive to their culture and perspective.” The participants’ comments also discussed “clinician’s understanding of what is culturally appropriate (cultural norms)” and that this understanding should guide the tailoring of “materials and literature to the student’s particular culture and social needs.”

During crisis intervention, there is also a need to be sensitive to cultural differences underlying diverse opinions regarding “accepted approaches to control issues,” immediate assistance, and discipline. Several school psychologists referred to students’ and families’ help-seeking behavior. During a crisis, the manner in which individuals seek and accept help is highly dependent on cultural values and traditional values. Difficulties arise when the intervention services provided do not align with the individual’s perceived needs, their willingness to accept help and their comfort with the intervention options provided.

Specific topics of crisis intervention. Comments related to specific topics of crisis intervention centered on understanding diverse coping skills in facing incidents, differences in how families provide support, and difficulties collaborating with parents to
meet the unique needs of students faced with these challenges. Almost 17% of the total sample, one-third of those offering comments, made reference to specific topics of crisis intervention. Those commenting on specific incidents demonstrated awareness of providing interventions sensitive to an individual’s unique background. Focusing on specific topics of crisis intervention, the two most frequently mentioned included death/homicide and violence. Other topics included suicide, weapons (guns, knives), grief and coping with death and loss, gangs, abuse, drugs, escalating behavioral problems, bullying, and teen pregnancy. Based on these comments, it is apparent that practitioners are aware of and concerned more about externalizing problems in regard to their concerns about providing crisis intervention to students from diverse backgrounds. Table 3 details these specific crisis intervention topics of concern and the number and percentage of school psychologist participants who mentioned each concern.

Community/home issues. Fourteen percent of the total participants and one-fourth of those offering comments stated that they had concerns regarding community/home issues. School psychologists appeared to be sensitive to family and community situations and how these factors affect their ability to provide crisis intervention services in the school. These comments included awareness of diversity beyond the typical racial and ethnic dichotomies. One participant stated, “Most problems are with family background of poor education and poverty, [and] low socioeconomic status.” In summary, comments in this category centered on difficulties in meeting student and family needs during a crisis due to differences in family socioeconomic status, including educational background, poverty, and family’s status and power in the community.
Table 3

*Crisis Intervention for Students of Diverse Backgrounds: Topics of Concern*\(^a\)

<table>
<thead>
<tr>
<th>Concern</th>
<th>(n)</th>
<th>% of total(^b)</th>
<th>% of comments(^c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death/homicide</td>
<td>18</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Violence</td>
<td>18</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Suicide</td>
<td>14</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Crisis training</td>
<td>11</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Plans/teams</td>
<td>10</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Weapons (guns, knives)</td>
<td>10</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Grief</td>
<td>10</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Gangs</td>
<td>7</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Abuse</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drugs</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Behavioral problems</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bullying</td>
<td>2</td>
<td>&lt;1</td>
<td>1</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>1</td>
<td>&lt;1</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>

\(^a\) Some school psychologists commented on more than one topic of concern.

\(^b\) Total \(N = 275\).

\(^c\) 151 school psychologists provided comments.
Beyond acknowledging differences between families and schools, comments also focused on the importance of considering parents’ acceptance or rejection of the school’s recommendations and interventions. One school psychologist commented on the need for “sensitivity to family beliefs” when considering crisis intervention. In conjunction with family beliefs, utilizing familiar community resources, such as ministers, community mental health professionals, and volunteers, were noted as supportive in crisis intervention efforts for families from diverse backgrounds.

Negative forces stemming from family and community were also listed as contributing to instability and student difficulties associated with crisis: “chronic exposure to violence within home and community,” “dysfunctional parenting,” family and community drug involvement, and disinterest or lack of family involvement with the school. Frustration was expressed in working with parents who rejected assistance and did not follow thorough with interventions. In particular, school psychologists noted parents’ rejection of counseling services for their children and parents’ misunderstanding of the school’s motives in helping with crisis intervention.

*Communication.* Difficulties communicating with students from diverse backgrounds were reported by 12% of the total sample, 23% of those offering comments. These comments mostly centered on “language barriers” posed by students and families speaking languages other than English and the need for interpreters. One practitioner specifically stated concerns regarding “language barriers with the Spanish speaking Hispanic population.” However, several school psychologists voiced concerns about “knowing how to best communicate with others,” even when English was the shared language. Putting forth the effort to effectively communicate with students and parents
was voiced in one comment stating the importance of “respecting cultures and knowing how best to communicate” during times of difficulty and crisis.

_School staff issues._ A common theme in comments related to school staff issues was the need for additional training in crisis intervention and, more specifically, additional training focused on meeting multicultural needs. Twelve percent of the total sample, 23% of those offering comments, made reference to school personnel’s responsibility to provide crisis intervention to students and families from diverse backgrounds, contrasted to the lack of resources and training to effectively carry out that responsibility. In addition to comments related to crisis teams and direct mental health services, school psychologists pointed to weaknesses in the teaching staff, stating there was a need to help teachers deescalate potentially volatile situations and manage student behavior.

One practitioner stated, “Teachers are not able to handle escalating behavior problems [in] dealing with violent behavior.” Several comments questioned the “competence of school personnel to implement crisis intervention.” One school psychologist stated there were “not enough practitioners trained in diverse backgrounds to provide support to families. It is mostly [a] white family model; not enough minority counselors, psychologists.” Another stated, “[There is] no research on multiculturalism & crisis intervention. [There is a] need for more group based intervention training. [We] don't always have time for one-on-one.” Participants’ comments indicated that when crisis teams intervened, team members were forced to deal with a variety of cultural issues, which fueled and escalated tension during times of crisis. For instance, schools and communities with a history of gang activity face hostility created by the separation of
student body factions. Crisis teams going into schools with open or underlying contention often lack the training to provide basic services under these difficult circumstances.

Coping issues. Ten percent of the total sample, 18% of those offering comments, referred to personal or family coping styles as areas of concern. The majority of these comments were sensitive to respecting family and student coping, when coping strategies were based on religious beliefs, family traditions, or cultural traditions. Many of the comments were related to bereavement. One participant’s comment was representative of others emphasizing the importance of considering “cultural and religious differences in relation to death.” Another participant stated, “We have many children of immigrants in our school so [we are] dealing with possible differences of religion [and] also different cultural backgrounds of parents than their children.” Coping “varies [with] the crisis depending on religious and cultural belief system.” Another common theme acknowledged the need for sensitivity in providing services that were “acceptable” to students and families based on their style of coping with trauma and tragedy.

A few comments reflected an attitude of frustration. For instance, one participant commented that during a crisis, students may need services but “parents want to pray.” Some had difficulty making sense of other’s “belief systems and cultural norms regarding [response to] suicide, death, and grief.” However, the majority were respectful and sensitive to customs and religious expression of beliefs, such as traditions in honoring the dead, unique expression of grief in memorials and funerals, dependency on religious leaders for spiritual direction, and dealing with crises within the family and extended family rather than looking to mental health professionals for assistance.
One school psychologist offered the following comment which demonstrates an understanding for individual differences in coping styles: “[There are many] differences in perceived socially appropriate responses of those affected. In other words, people from different ethnic/religious backgrounds display different behaviors when attempting to cope with death/loss. While some see death as always being a tragedy, others may rejoice in a person leaving behind misery/pain in this world for eternal peace in another.”

Relationship issues. About 4% of the total sample, 6% of those offering comments, reported concerns regarding relationship issues. These comments referred to difficulties in “establishing rapport” with students from diverse backgrounds. More specifically, rapport was difficult to establish because of the differing attitudes in “respecting confidentiality” and “developing trust and openness.” One comment referred to difficulty in forming connections because of issues surrounding “family privacy” and “differing attitudes caused by cultural/family differences.” Other school psychologists referred to difficulties building rapport and trust because of underlying “suspicion” and “getting though racial differences and barriers/issues.”

Prevention issues. Although this category was not well represented, the lack of comments is telling, reflecting a pervasive lack of concern for primary intervention, services which are preventative in nature (Caplan, 1964). Only 2% of the total sample, 4% of those who provided comments, mentioned concerns about providing prevention services for students of diverse backgrounds. One practitioner emphasized the need for “prevention to target minorities.” Several comments indicated a lack of prevention efforts for dealing with problems specific to minority populations: “No pre-crisis stuff for minorities.”
Miscellaneous issues. Several participants commented on the adequacy or inadequacy of crisis plans themselves. There appeared to be a consensus regarding the weakness of not addressing issues of diversity. Comments included “no plan,” “limitations in plan,” “lack of training,” “limited skills and resources,” “lack of services,” and failure to address the need for “long term follow-up.”

Two responses (less than 1% of the total comments) did not fit any of the other categories. Both of these were about medical topics, one dealing with students coming straight from psychiatric hospitalization back to school and the other dealing with students not following through with prescribed medication for Attention-Deficit Hyperactivity Disorder (ADHD).

Discussion

Limitations

Limitations of this study include the use of survey methodology for data collection and the impact it has on response rate and self-report. Although the intent of the researchers was to allow for unbiased answers to the question, the lack of specific concerns listed may have deterred some respondents from answering the question. Furthermore, the limited population of those surveyed (only school psychologists who were nationally certified) may not have been representative of the larger group of school psychologists in the nation. Another limitation of the study is the assumption that those who did not provide comments were insensitive to the needs of culturally diverse students in crisis intervention. Although a relationship existed between the respondents’ awareness of school diversity and concern for diversity issues in crisis, lack of a comment does not necessarily constitute insensitivity or lack of awareness.
Research Findings

The free-response manner in which participants responded to this study allowed for a collection of diverse perspectives in regards to multicultural issues in crisis counseling. An interesting finding from this study is the fact that almost half of the school psychologists polled either made no comment or stated they did not have concerns in providing crisis intervention services to students of diverse backgrounds. Interestingly, a large percentage of those who did not voice concerns were also unaware of the ethnic composition of their school district and the number of students served. This limited awareness could possibly influence their perspective on how student diversity influences the provision of crisis intervention.

Some of the comments made by those who stated they had no concerns challenged the idea that differences even exist among groups and that these differences need to be addressed in crisis intervention. One person questioned “Does divorce or a death affect Whites differently than Blacks or Asians or Mormons?” Other participants similarly stated, “The issues of crisis intervention are the same regardless of your specific background” and “[I do not] believe diversity affects crisis intervention delivery in [my] setting.” Such comments would effectively inhibit the tailoring of crisis intervention to specific populations.

Although the previous comments were representative of a significant portion of the surveyed responses, they were not the only responses gathered in the study. Several ideas and concerns were presented by school psychologists who recognized a need for multicultural sensitivity in crisis intervention. Those who did present comments were varied in their experiences with this topic. Some had never experienced a crisis where
multicultural sensitivity was an overwhelming concern, others who experienced a crisis involving diverse populations realized the limitation of their training. Others had limited if any experience with crisis intervention.

Research has shown that culture influences the interpretation of traumatic events for all individuals (Young, 1998). As Chemtob states,

If the threats to life associated with psychological trauma are universal, then what varies across is the perception of what type of threat is traumatic, the interpretation of the threat’s meaning, the nature of the expression (presentation) of symptoms in response to such threats, the cultural context of the responses of traumatized people, as well as the cultural responses by others to those who have been traumatized, and the culturally prescribed paths to recovery from experiencing life-threatening events. (Chemtob, 1996, p. 257, as cited in Young, 1998, chap. 8, p. 14, 15)

Indeed, it seems logical that even though humanity is common to all people, the way a person perceives threats to that humanity—such as those brought on by natural or man-made crises—varies according to the person’s worldview and prior experiences. Chemtob’s suggestion that perception of trauma is key to understanding how culture affects responses to crises appears to coincide with the definition of a crisis presented earlier. Restated, a crisis is an unanticipated event, the occurrence of which can cause coping mechanisms to become temporarily compromised and create disorganization in an individual’s ability to deal with the situation using familiar and customary problem solving methods. It may be safe to assert, then, that because “familiar and customary problem solving methods” are likely to vary from individual to individual, general
problem solving methods also vary across cultures. In the schools, this variation points to
the need for awareness, sensitivity, and crisis intervention strategies that are appropriate
for students of diverse backgrounds.

The school psychologists surveyed in this study recommended methods for
providing effective and sensitive crisis intervention services to students of diverse
backgrounds. According to their comments, school psychologists must (a) take an
individual responsibility for increasing their awareness and understanding of student
diversity, particularly in their assigned schools and district; (b) in relation to crisis
intervention services, conduct a multicultural needs assessment of their individual school,
school district, and community; and (c) incorporate findings from the needs assessment,
tailoring individual services and school crisis plans to fit the diverse needs of students
and families.

Helpful Resources

Appendix B contains a list of references helpful to those providing culturally
sensitive crisis intervention. In particular, chapter eight of Community Crisis Response
Team Training Manual discusses cultural perspectives on trauma (Young, 1998). More
specifically, section six of chapter eight lists helpful hints for those who are involved in
crisis situations with a culturally and/or linguistically diverse population (p. 30, 31).

Based on practical suggestions to assist school psychologists in providing
culturally sensitive services, the following suggestions are made. If a mistake in any of
these areas is made, it is important to quickly and sincerely apologize for the infraction.
(a) Focus on the ultimate goal, minimizing barriers in order to provide culturally sensitive
support. Practitioners involved in crisis intervention should clearly define service
objectives (if only for themselves), referencing similar situations in which particular interventions for individuals from diverse backgrounds proved to be helpful. 

(b) Provide students and families with clearly defined support options that are easily accessed. Pay particular attention to communication barriers. Brainstorm strategies to share critical information with students and families, increasing their awareness of how to fully utilize the crisis intervention services.

(c) Ensure that written communication is in the appropriate language, linguistically and structurally correct.

(d) Helpers should seek linguistic equivalency. At the very least, prepare to greet and say good-bye in the survivors’ native tongue. Appendix C provides a list of suggestions for more effectively utilizing interpreters to minimize communication barriers.

(e) Understanding and increasing awareness of appropriate use of body language and nonverbal communication is essential.

(f) The practitioner’s appearance must be presentable and acceptable to those they serve. Appropriate dress conveys respect.

(g) Establish commonality by respecting rituals and customs of the survivors (eat-drink what is offered; ask about family, friends, pets; if invited, participate in traditional customs; etc.). Crisis interveners should allow survivors to direct them through cultural rituals if permitted or requested.

(h) Offer appropriate gifts of commemoration, being aware of both cultural and spiritual beliefs.

The U.S. Department of Health and Human Services (2003) prepared another excellent source of information for those assisting with crisis intervention: Developing
Cultural Competencies in Disaster Mental Health Programs. This publication lists nine principles to help facilitate effective service provision in the event of a crisis. Similar to Young’s (1998) suggestions, these principles are meant to provide appropriate guidelines for crisis intervention involving individuals from diverse backgrounds.

The first principle is to recognize the client’s culture and diversity. Second, to help them understand the population with whom they are working, crisis interveners must have a current community profile. Third, it is important to recruit disaster workers who come from the community and/or are representative or familiar with the area. Fourth, all crisis interveners should participate in ongoing training in cultural competence. Fifth, be sure that services are accessible, appropriate, and equitable to the population being helped. Sixth, acknowledge help-seeking behaviors in the culture (e.g., customs, traditions, natural support systems). Seventh, utilize “cultural brokers,” organizations or individuals in the community who represent diverse groups. These groups assist in breaking through a potential cultural wall. Eighth, provide services and information that align with the individual or group’s culture and language. And finally, conduct ongoing assessment and evaluation of the support services and the providers’ cultural competency (U.S. Department of Health and Human Services, 2003, p. 22).

Resources such as these are useful in itemizing important considerations and practices to be used during a crisis. It is thus apparent that multicultural competency is a learned proficiency which deserves adequate attention and effort given in order to provide appropriate help in crisis interventions. Although there are several available resources for professionals seeking to increase their skills in this area, perhaps the most important prerequisites of becoming culturally competent are an eagerness to learn; a
willingness to respect and appreciate cultural and linguistic differences; a desire to act sensitively and appropriately; and the diligence, awareness, flexibility, and energy to conduct ongoing assessment of changing needs and effectiveness of programs.

**Suggestions for Future Research**

Because of the increased need for culturally competent school services, it behooves current and future school psychologists to access research and materials regarding multicultural competencies in the area of crisis intervention. Research in this area could be improved by conducting a more specific study solely on diversity issues related to crisis intervention. Instead of a general, open-ended question, future researchers could present questions using a Likert scale for rating and comparing the importance of various issues. Furthermore, implementation of specific training in multicultural crisis intervention could be included in university training programs. Longitudinal studies must assess how such training affects the practices of future school psychologists and ultimately how these practices improve crisis intervention for students and families from diverse backgrounds.

**Conclusion**

The present study, contrary to the one-size-fits-all intervention approach, is supportive of considering the individual’s unique background when providing crisis interventions (Pedersen, 1994; Rogers et. al, 1999; Sue & Sue, 2003). The number of studies in school crisis intervention is slowly beginning to increase and such publications are advocating for the recognition of and preparation for cross-cultural considerations during times of crisis (Sandoval & Lewis, 2002; Brock, 2002). This study indicates that although not all school psychologists have an innate awareness of the need for
multicultural sensitivity in crisis intervention, over half voiced specific concerns which indicate a need for additional training in this area.

In conclusion, school psychologists are typically on the frontline of providing students with emotional support and guidance. Tailoring crisis intervention to meet the growing diversity of school communities will strengthen the school’s supportive services and increase the sensitivity and effectiveness of those services.
References


Appendix A

School Psychologist Questionnaire

Code #
gender: (1 = male  2 = female)

1. Y  N  Do you currently work in the schools as a school psychologist?
   If not, please describe your occupation: ________________________________________
   5. Community agency  6. Other (specify) ______________________________________

1.a Y  N (If not currently working as a school psychologist) Have you previously been employed in
   the public schools as a school psychologist?
   ----------- If never a school psychologist and not working in the schools, end interview.

2. _____ How many # yrs have you practiced as a school psychologist?

3. _____ What is your level of training? Masters, Specialist, or Doctorate

4. _____ What year did you receive your advanced degree?

5. Y  N  Did you receive training for crisis intervention in any classes at the university you attended?
   ----------- (If no, go to question # 8) -----------------------------------------------

6. _____ Please specify the training:
   (1) Specific school crisis intervention class, (2) Crisis intervention class from another department, (3) not
   a specific crisis class but mingled in with several courses, (4) seminars/workshops, (5) other ----specify:

7. _____ Describe how well you feel the University course work prepared you to deal with school
   crises.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
<td>minimally</td>
<td>adequately</td>
<td>well</td>
<td>very well</td>
</tr>
<tr>
<td>prepared</td>
<td>prepared</td>
<td>prepared</td>
<td>prepared</td>
<td>prepared</td>
</tr>
</tbody>
</table>

8. Y  N  During practicum and/or internship did you have experiences in crisis intervention?
   ----------- (If no, go to #10) -----------------------------------------------

8.a _____ Please specify what those crises were:
   1. natural disaster  2. suicide  3. grief & death
   4. violence= fights or gun/weapon related  5. physical/sexual abuse  6. post-traumatic stress
   7. community or media events  8. anxiety or stress related  9. other

9. Y  N  In your program, do you feel that you had adequate supervision for crisis
   intervention?
   9.a _____ Who provided the majority of your supervision for crisis intervention?
   (1) University Prof.  (2) Practicum/internship on site supervisors  (3) Both equally supervised

10. _____ Since graduation, what type of crisis intervention training have you received?
    (1) First Aid, (2) local inservice/seminars/training sessions on crisis intervention, (3) Red Cross (specific
    crisis training), (4) NOVA, (5) NASP national conventions (specific crisis training), (6) APA conventions,
    (7) other national conventions, (8) state and regional meetings, (9) reading books or journal articles,
    (10) other -- please specify
10.a _____ Did the (1) school district provide these opportunities, did you seek them (2) on your own, or was it a (3) combination of the district providing opportunities and you seeking the training on your own?

11. Y N Does your district or individual school have a crisis plan in place? (Yes or No to indicate that there is or isn’t some type of plan, then Specify district wide or individual school by circling the word.)

11.a _____ How familiar are you with that plan?

1 2 3 4 5
Not familiar somewhat familiar familiar very familiar extremely familiar

12. Y N Does your District/Individual School have a specified crisis team?

13. Y N Are you a member of the District/Individual School crisis team?

14. Y N Do you have mock drills to practice the crisis plan (excluding fire drill) at least once a year?

15. _____ Please indicate the # of students in your district.

16. _____ What is the student to school psychologist ratio in your job?

17. _____ Is your school district considered a rural, suburban, or urban area?

18. What are the approximate percentage breakdowns of students from diverse backgrounds? Please list percentages.
Caucasian______ African American______ Hispanic______ Asian______
Native American______ Other______

19. _____ What issues in the area of crisis intervention most concern you when working with students of diverse backgrounds? (Write in comments on back of sheet)

20. _____ How important do you think it is to have one university class devoted specifically to Crisis Intervention?

1 2 3 4 5
Not important somewhat important important very important extremely important

21 In training future school psychologists, what specific topics do you think should be emphasized in a university crisis intervention class? (Write their comments and/or code the ones that fit into our coding)

1 suicide
2 creating school district crisis plans
3 dealing with the media during a crisis
4 PTSD
5 Sexual Abuse #1______
6 physical abuse
7 grief and death
8 terminal illness #2______
9 violence/aggression
10 gangs
11 weapons and gun control #3______
12 drugs
13 natural disaster
14 other: _____________________________________
PLEASE RANK ORDER YOUR TOP THREE RESPONSES IN #21 (#1 IS THE MOST IMPORTANT)

We are finished with the formal portion of the questionnaire. However, please feel free to contribute your opinions about designing better crisis intervention training for school psychology students?

Would you be interested in participating in a follow-up questionnaire that we would email to you? (If yes ....Please ask for the e-mail address if you do not already have the e-mail address.)

Thank you so much for your time and participation in this project. If you have any questions about this interview, please feel free to call Dr. Melissa Allen at Brigham Young University at 801-378-1235. If you would like the results of this research study, please provide us with your e-mail address.
Appendix B

**Crisis Intervention: Key Resources for Multicultural Training**


Appendix C

Guidelines for Using Interpreters

The following guidelines should be considered when using language interpreters (Bamford, 1991; Gaw, 1993; Paniagua, 1998; Westermeyers, 1989, as cited in DHHS, 2003, p. 37).

• Before hiring interpreters, attempt to identify mental health workers who speak the language spoken by survivors and who identify with the survivors’ culture.

• Hire certified, qualified interpreters who share the survivor’s racial and ethnic background.

• Determine the survivor’s dialect before asking for an interpreter.

• Compare the level of acculturation of the interpreter with that of the survivor. If it is not similar, effective communication may not be possible because Western values may be reflected in the interpreter’s comments.

• Introduce the interpreter to the disaster survivor, and allow time for them to build trust through informal conversation.

• Take time for translation. Use a sequential mode of interpretation—that is, the disaster survivor speaks, the interpreter interprets what has been said into English, the disaster mental health worker speaks, and the interpreter speaks again.

• Do not use survivor’s friends and relatives, including their children, as interpreters. The survivor may not feel comfortable expressing concerns of a personal nature to relatives and friends. Using children can reverse the hierarchical role of parents and place burdens on children. Moreover, such responsibility may require skills beyond the child’s current stage of development and be too stressful for the child (DHHS, 2000c, as cited in DHHS, 2003, p. 37).