



NATIONAL  
ASSOCIATION OF  
SCHOOL  
PSYCHOLOGISTS

## Culturally Competent Crisis Response: Information for School Psychologists and Crisis Teams

*“Traumatic events do not exist in a vacuum. Like other social phenomena, they should be understood within the social and cultural context in which they occur.” (Young, 1997, p. 7-14)*

School psychologists are increasingly involved in providing crisis response within multicultural communities. Those who are committed to enhancing their skills in cultural competency are more likely to be effective caregivers when challenging situations arise. For example, reports from a 1989 Stockton, California schoolyard shooting in a predominantly Southeast Asian community found that school officials had difficulty communicating with parents, and that police and medical crews were transporting unidentified children to the hospital, resulting in unnecessary confusion and anxiety for the frightened parents. As a result, parents were forced to wait for several agonizing hours before learning the location and status of their children (Allen et al., 2004).

In another tragic example of the impact of culture on crisis, a Pakistani-American teenager unsuccessfully attempted suicide in her school’s bathroom following an arranged marriage orchestrated by her single mother (Lieberman & Davis, 2002). School officials then had the arduous task of notifying her mother, who had not assimilated with American culture and spoke no English. Suicide attempts among minority students are not uncommon; data indicates that African American, American Indian, Mexican American, and gay and lesbian youths may be particularly at risk (Lieberman & Davis, 2002).

Despite the importance of culturally competent crisis response, a recent survey of NCSP practitioners (Allen et al., 2004) found that there is limited awareness among school psychologists of how multiple factors and student diversity influence the provision of crisis intervention services. In actuality, culture influences what type of threat or event is perceived as traumatic, how individuals interpret the meaning of crisis, and how individuals and communities express traumatic reactions (Young, 1997). These factors, along with the scenarios listed above, illustrate the importance of considering culture in crisis response.

### **Developing Culturally Competent Crisis Plans**

There are many ways that school psychologists can incorporate cultural competence into their overall crisis plans and preparations. To begin with, crisis plans should identify and address the diverse needs within the school community. These would include (Athey & Moody-Williams, 2003):

- Identifying specific culture-related needs of the community, such as access to interpreters, religious figures, and healers.

- Maintaining a current profile of the cultural composition of the school/district community.
  - Include race/ethnicity, languages/dialects spoken, age, gender, religion, refugee/immigrant status, income and poverty levels, percentage of students living in rural vs. urban areas, history of trauma, torture, or war experience, and history of racial/ethnic relations within the greater community.
- Identifying formal and informal community resources that can help meet diverse mental health needs.
- Developing a list of community resources able to lend assistance as interpreters and translators in the event of a crisis.
- Identifying the meaning of suffering, pain, and death relevant to the norms of the community's cultural groups (Young, 1997).
- Anticipating and identifying possible solutions to cultural problems that may arise in the event of a crisis.
- Identifying the full names of the parents and guardians of all children in the school, since last names can differ within families.

### **The Role of the Crisis Team**

The school- or district-wide crisis team plays an integral role in multicultural crisis response, and team members should be selected and trained accordingly. Ideally, team members should represent the cultural and linguistic makeup of the school community (Allen et al., 2004; Project Liberty). When this is not feasible, the team should train and develop strong working relationships with outside cultural brokers, interpreters, and relevant community members willing to assist in a crisis.

Ongoing team training topics can include awareness of cultural values and traditions, linguistics and literacy, immigration experiences and status, help-seeking behaviors, cross-cultural outreach techniques and strategies, and avoidance of stereotypes and labels (Athey & Moody-Williams, 2003). Crisis team members should also examine their own cultures, worldviews, and biases, including how these may affect the provision of mental health services. For example, cultural issues such as communication (decision and way to communicate verbally and nonverbally), personal space (appropriateness of physical contact and proximity), social organization (the influences of family, kinships, tribes, and religious, political, and economic organizations), time (variability in interpretation and measurement), and environmental control (belief about external versus internal control) can affect responses to crisis (Athey & Moody-Williams, 2003; Sandoval & Lewis, 2002).

In addition, crisis teams should establish relationships with community resources, including trusted organizations, service providers, cultural and faith-based community leaders, multicultural television stations, radio stations, and newspapers (Athey & Moody-Williams, 2003). Gathering information from and establishing working relationships with these community resources can speed up and improve effective response efforts following a crisis.

To ensure continuing cultural competence, crisis teams should conduct regular evaluation of their crisis response efforts (Athey & Moody-Williams, 2003). This can include a needs-

assessment of the school and community, and investigation of any barriers that are present when providing services during a crisis.

### **Reactions to Crisis**

When a crisis occurs, school psychologists and other responders should keep in mind that survivors react to and recover from crisis within the context of their individual backgrounds, viewpoints, and values (Athey & Moody-Williams, 2003; Sandoval & Lewis, 2002, Young, 1996). Expression of emotion, description of psychological symptoms, help-seeking behaviors, natural support networks, and customs in dealing with trauma, loss, and healing often vary by culture. It is also important to consider historical influences such as racism and discrimination, war, and interment, as well as social and economic inequality when preparing a crisis response. These factors may cause minority groups to distrust offers of assistance, face majority anger and blame, and have limited access to resources. In addition, groups who have previously experienced trauma (e.g., refugees) as well as those who have limited access to resources may be more susceptible to harm from crisis.

### **Including Cultural Brokers**

School psychologists should ensure that the crisis response is tailored to the population in need. One way to do so is to include crisis responders and cultural brokers (e.g., community leaders) from the affected minority group(s) before, during, and in the aftermath of any crisis situation. In addition, community-based groups can provide an important communication link with the cultural groups they represent (Athey & Moody-Williams, 2003). It is worthwhile to consider involving civic associations/social clubs, neighborhood groups, faith-based organizations/interfaith groups, mutual aid societies/voluntary organizations, health care and social service providers, and nonprofit advocacy organizations in the crisis planning and response plan, as well as in training with school crisis teams. To ensure an organized response, crisis responders should coordinate their work with each other, as well as with public and private agencies.

### **Communications Following a Crisis**

When a crisis occurs, disseminating timely information to the affected community is of utmost importance. To reach all members of the community, oral and written communication should be made available in languages other than English, including sign language interpreters as needed (Athey & Moody-Williams, 2003). Form letters prepared in advance for predictable tragic events (e.g., student deaths) in multiple languages can be adapted quickly when such events occur. In addition, written material should always be supplemented with other forms of information, such as radio, television, or announcements in the communities.

Ideally, the primary language of crisis survivors should be used in delivering outreach and notification of other services. When native speakers are unavailable, interpreters with basic knowledge of crisis response who are also trained to accurately convey the tone, level, and meaning of the information presented in the original language should be recruited (Athey & Moody-Williams, 2003). However, it is usually inappropriate to use survivors' friends and relatives as interpreters, and all interpreters should be sensitive to confidentiality issues. On an interpersonal level, responders should remain aware of culturally specific communication

techniques such as the use of eye and physical contact and physical proximity, the integration of food and drink in discussions, the pace of conversation, and body language.

### **Providing Culturally and Linguistically Competent Services**

Following a crisis, care should be taken to provide services that are accessible, appropriate, and equitable. Here are some tips for achieving these goals:

- Always convey respect and good will by dressing appropriately, participating in access rituals, and saying “please” and “thank you” (Athey & Moody-Williams, 2003; Sandoval & Lewis, 2002; Young, 1997). Keep in mind that cultural conventions can vary significantly.
- Be aware of cultural social status and gender conventions. Try to match responders to students and families such that they will have a high status/level of acceptance within the culture in question (Sandoval & Lewis, 2002).
- Help reestablish customs, rituals, and social relationships to enable survivors to cope with the impact of a crisis (Athey & Moody-Williams, 2003).
  - Assess who plays a significant role in a survivor’s family structure by asking the person to describe his or her home, family, and community.
- Ask survivors to describe what they need from you to be of assistance to them. Then, tell them truthfully what is within your capacity to do to lend assistance (Young, 1997).
- Acknowledge your limitations and differences. These may include the inability to speak or understand the language, as well as confusion over certain customs, rituals, or spiritual understandings. Try to convey your sincere desire to learn about these customs to be able to more effectively offer support (Young, 1997).
- Ask survivors if they would like to go to a place of worship or a cultural center, or if there are any ceremonies or rituals that are particularly directed at crisis in their culture (Young, 1997).
- Refer parents to culturally appropriate post-crisis resources, such as “*An activity book for African American families: Helping children cope with crisis*” (National Institute of Child Health and Human Development and National Black Child Development Institute, Inc., 2003).
- Organize culturally appropriate commemorations and anniversary activities, as well as informational handouts to explain these rituals and customs to the greater community (Athey & Moody-Williams, 2003).
- Use cross-cultural interventions including: group work, reduction of isolation, relaxation techniques, meditation, education about crisis in culturally relevant terms, and development of individual control (Young, 1997).
- Monitor access to services, including crisis counseling, and design specific strategies to reach the unengaged, as well as those whose traditions discourage seeking help (Project Liberty).

### **Crisis Response Evaluation**

Once the primary crisis response phase has ended, school psychologists should initiate assessment and evaluation of the effectiveness of the response, including cultural competence. This way, problems in the response process can be identified and resolved. Involving representatives from diverse cultural groups in process evaluation can further this objective (Athey & Moody-Williams, 2003).

Focus and discussion groups, as well as other program evaluation methods, can be used to assess the following elements: leadership, understanding of cultural competence, organizational culture, training, cultural competence plan, and plan management (Athey & Moody-Williams, 2003, Table 2-6, p. 38). In addition, crisis teams should maintain logs of the ideas that worked well during the response, along with those that need improvement. This way, future responders can shape their interventions based on past success within the community.

## References

Adapted from:

Athey, J. & Moody-Williams, J. (2003). *Developing cultural competence in disaster mental health programs: Guiding principles and recommendations*. Washington, DC: US Department of Health and Human Services. Available online at [http://media.shs.net/ken/pdf/SMA03-3828/CulturalCompetence\\_FINALwithcovers.pdf](http://media.shs.net/ken/pdf/SMA03-3828/CulturalCompetence_FINALwithcovers.pdf)

With additional information from:

Allen, M., Annandale, N., Gstettenbauer, A., Rutherford, M., Lyman, B. & Conklin, E. (2004). Providing effective crisis intervention for students and families from diverse backgrounds. Paper presented at the National Association of School Psychologists Annual Convention, Dallas, TX. (Contact: Melissa Allen, Ph.D., [Melissa\\_Allen@BYU.EDU](mailto:Melissa_Allen@BYU.EDU))

Lieberman, R. & Davis, J. M. (2002). Suicide Intervention. In Brock, S. E., Lazarus, P. J., and Jimerson, S. R., (Eds.), *Best Practices in school crisis prevention and intervention* (pp. 531-551). Bethesda, MD: National Association of School Psychologists.

National Institute of Child Health and Human Development and National Black Child Development Institute, Inc. (2003). *An activity book for African American families: Helping children cope with crisis*. Washington, DC: U.S. Department of Health and Human Services and the National Institutes of Health. Available online at <http://www.nichd.nih.gov/publications/pubs/hccc/activitybook.htm>

Project Liberty: Providing Culturally Competent Crisis Counseling Services. Available on-line at: <http://www.projectliberty.state.ny.us/Resources/PLCultural.pdf>

Sandoval, J. & Lewis, S. (2002). Cultural considerations in crisis intervention. In Brock, S. E., Lazarus, P. J., and Jimerson, S. R., (Eds.), *Best Practices in school crisis prevention and intervention* (pp. 293-308). Bethesda, MD: National Association of School Psychologists.

Young, M. (1997). The community crisis response team training manual (Second Edition). Washington, DC: National Organization for Victim Assistance, Washington, DC. NASP Handout adaptation (*Cultural Perspectives on Trauma and Critical Response*) by Kris Sieckert Available online at [http://www.nasponline.org/NEAT/neat\\_cultural.html](http://www.nasponline.org/NEAT/neat_cultural.html)

## Additional Resources

Center for Trauma, Response, Recovery, and Preparedness (Cultural Competency and Disaster Mental Health)

[http://www.ctrp.org/resources\\_cultural\\_comp.htm](http://www.ctrp.org/resources_cultural_comp.htm)

del Valle, P. (2002). Traumatized refugee children. In Brock, S. E., Lazarus, P. J., and Jimerson, S. R., (Eds.), *Best Practices in school crisis prevention and intervention* (pp. 599-614). Bethesda, MD: National Association of School Psychologists.

Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations

[http://media.shs.net/ken/pdf/SMA03-3828/CulturalCompetence\\_FINALwithcovers.pdf](http://media.shs.net/ken/pdf/SMA03-3828/CulturalCompetence_FINALwithcovers.pdf)

Jimerson, S. R. & Huff, L. C. (2002). Responding to a sudden, unexpected death at school: Chance favors the prepared professional. In Brock, S. E., Lazarus, P. J., and Jimerson, S. R., (Eds.), *Best Practices in school crisis prevention and intervention* (pp. 449-485). Bethesda, MD: National Association of School Psychologists.

NASP Crisis Resources:

<http://www.nasponline.org/NEAT/crisismain.html>

NASP Culturally Competent Practice (includes crisis resources):

<http://www.nasponline.org/culturalcompetence/index.html>

Rabalais, A. E., Ruggiero, K. J., & Scotti, J. R. (2002). Multicultural issues in the response of children to disasters. In A. M. La Greca, W. K. Silverman, E. M. Vernberg, and M. C. Roberts, (Eds.), *Helping children cope with disasters and terrorism* (pp. 73-99). Washington, DC: American Psychological Association

Satcher, D. (1999). Overview of Cultural Diversity and Mental Health Services. In *Mental Health: A Report of the Surgeon General*. Available online at

<http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec8.html>

The following web sites contain anecdotal information that can provide a starting point for learning about various cultural and religious traditions:

Death, funeral traditions, and mourning:

<http://www.obituariestoday.com/Resources/FuneralEit.cfm>

[http://www.beliefnet.com/story/78/story\\_7894\\_1.html](http://www.beliefnet.com/story/78/story_7894_1.html)

[http://www.beliefnet.com/story/45/story\\_4549\\_1.html](http://www.beliefnet.com/story/45/story_4549_1.html)

<http://www.funeral.com/funeral/index.jsp?dirID=33560>

<http://library.thinkquest.org/16665/burial.htm>

Funeral flower etiquette by religion:

<http://www.800florals.com/care/faiths.asp>

*Arlene Silva is a doctoral student in the school psychology program at the University of Maryland; this fact sheet was developed during her summer (2004) internship at NASP Headquarters.*