

CRISIS MANAGEMENT AND RESPONSE STRATEGIES IN EDUCATIONAL SETTINGS OF PRE-UNIVERSITY INSTITUTIONS

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Abstract: *Management and crisis handling within educational institutions are fundamental to ensuring a safe and functional environment for the learning process. Crises in this context can vary in complexity, encompassing threats to institutional security or public emergencies such as pandemics or natural disasters. Regarding preparedness, educational institutions should develop crisis management plans that address a wide range of potential scenarios. These plans should be designed in accordance with best practices in crisis management and integrated into a broader institutional administrative framework. Effective communication is a key component in managing educational crises. It is essential to establish well-defined communication channels, both internally, among staff and students, and externally, with parents and the local community.*

Keywords: management, educational crisis, school conduct, behavioral disorders, school counselor

1. Introduction

The mechanisms for anticipating, defining, managing, and resolving a crisis situation involve considerable effort, requiring well-defined yet cautious intervention strategies, as well as an increased consumption of mental and physical energy, all of which can have unpredictable consequences on the psychological balance of those involved. A crisis can cause significant trauma, as it tends to affect related elements that initially may appear unaffected by the situation that triggered it.

The escalation of a crisis is often amplified by inadequate interventions or even by the lack of intervention from teaching staff, who may lack the necessary managerial skills to manage such situations effectively. Typically, a crisis is recognized only at critical moments, despite the presence of early warning signs, which significantly limits the chances of a quick and efficient resolution.

In summary, the characteristics of a crisis include a sudden onset without prior warning, which directly impacts the information system, distorting messages, impeding communication through constant blockages, and disrupting information channels—all of which contribute to a state of generalized confusion. Moreover, a crisis fosters an atmosphere of insecurity and generates states of panic, eliminating the value-based points of reference essential for effective orientation in such situations.

From a managerial perspective, addressing a crisis highlights the novel and unpredictable nature of the situations triggered, which cannot be compared to any stable element within normal conditions, often giving an impression of insolvability. This frequently results in significant difficulty in identifying effective short-term intervention solutions. However, the most harmful effect of a crisis is the psychological and organizational trauma, as crises can paralyze or even halt the current activities of an organization, disrupting its balance both internally, through confusion and insecurity, and externally, by discrediting the reputation of the staff and the educational framework involved.

In most cases, teaching staff focus their efforts on instructional activities and the teaching process, unintentionally neglecting the complexity of educational situations in terms of attitudes and relationships, thereby inadvertently contributing to the emergence and development of crisis phenomena (for more details see Otovescu, 2012). In examining the factors that encourage the occurrence and progression of educational crises, several unfavorable attitudes and behaviors have been identified, including delayed and insufficiently prompt interventions, isolated and incoherent reactions, lack of long-term strategies, absence of firmness and consistency in assuming responsibilities, as well as a flawed perception of situations, leading to feelings of incompetence and lack of self-confidence. Furthermore, the fear of reprisals from superiors in cases of personal intervention contributes to a state of waiting, with the hope that solutions will be provided externally.

Educational crises can be classified according to several criteria. Based on their temporal development, they can be instantaneous, arising suddenly and without warning, or intermittent, subsiding after interventions but reappearing after a certain period. By relevance, crises can be critical, potentially

leading to the disintegration of the organization, or major, which have significant effects but still allow for organizational recovery. Depending on the number of subjects involved, crises can be individual, group-based, or collective, with a broader scope, affecting the entire educational community.

2. The role of the school counselor in educational crisis situations

The school counselor is a specialist in the field of education, responsible for planning and conducting individual or group counseling activities aimed at helping students adapt to the specific challenges of the school environment. They implement career education programs designed to develop essential competencies within the "Counseling and Guidance" curriculum, organize extracurricular vocational orientation activities, and promote health education programs aimed at developing students' skills to manage a healthy lifestyle (Mitchell and Gysbers, 2018).

The qualification of a school counselor is essential for teachers with degrees in fields such as psychology, educational sciences, or social sciences who seek to specialize in educational counseling and guidance. The specific competencies for this role are developed and strengthened through continuing education programs organized by institutions within the national education system, dedicated to teacher training (Sink and MacDonald, 2020).

The school counselor operates in a safe and controlled environment, whether in the counseling office, the career guidance office, or the classroom, in accordance with the requirements of the role, to address specific school-related issues such as school adaptation, motivation, study habits, absenteeism, academic failure, and dropout (Brown and Trusty, 2005). Additionally, the counselor evaluates students' academic performance, behavior, and development using specific methods and tools tailored to school counseling, identifying family-related issues such as abuse, neglect, or bullying that could impact the student's development and academic performance.

The counselor's activities also include planning and organizing educational counseling sessions, both individual and group, aimed at supporting students and providing crisis intervention for issues such as learning difficulties, school adaptation challenges, or absenteeism. Additionally, the counselor facilitates self-awareness and personal development for students, assisting them in building the skills necessary for making career-related decisions. In this capacity, the counselor examines relevant personal characteristics for vocational guidance and aligns them with available educational and career opportunities, creating vocational profiles and recommending study programs suited to the students' aptitudes and interests (Schmidt, 2014: 39).

In addition to regular activities, the school counselor organizes extracurricular events that provide students with essential information for career decision-making, such as career days, visits to institutions and organizations, or meetings with professionals from various fields. The counselor also develops and implements prevention and intervention programs addressing risk behaviors, such as school violence, substance abuse, and alcohol consumption.

Collaboration with parents, legal guardians, and other education specialists is essential to adapt the school curriculum to students' needs and to address academic, behavioral, or other related issues. In this context, the counselor applies educational counseling principles, methods, and techniques to provide the necessary support for student development. The counselor's theoretical and practical competencies span areas such as counseling and educational therapy, educational sciences, psychology, language and communication, technology usage, and social relationships.

To fulfill their responsibilities, the counselor must demonstrate a high general learning ability, the capacity to process information quickly, and the skill to make rational decisions. The professional interest profile suited to this field is social, investigative, and enterprising (SIE), making it essential for the counselor to exhibit seriousness, diligence, meticulousness in task completion, emotional stability, and strong communication skills (Lambie and Davis, 2007).

3. General characteristics of conduct disorders

Conduct disorder is characterized by a repetitive and persistent pattern of antisocial, aggressive, or defiant behavior that leads to the violation of age-appropriate social norms. This behavioral pattern, being external to the individual, is much more severe than typical child mischief or adolescent rebellion, as it involves a systematic violation of social expectations and extends beyond isolated occurrences of these behaviors. The diagnosis of conduct disorder requires the presence of a stable and continuous pattern of dysfunctional behavior, as antisocial acts or infractions alone are not sufficient criteria for diagnosis (Frick, Ray, Thornton and Kahn, 2014).

According to the classification presented in the DSM-IV (1994), conduct disorders are divided into four major categories. The first category, aggressive conduct, includes behaviors that cause or threaten physical harm to other people or animals, such as bullying, initiating fights, or using weapons capable of causing serious injury. In the second category, non-aggressive conduct includes behaviors that cause material loss or damage, such as deliberate arson or property destruction. The third category refers to deceitfulness and theft, involving behaviors such as breaking and entering, frequent lying to obtain goods, or stealing high-value items without direct confrontation with the victim. The final category, serious rule violations, includes behaviors such as running away from home or frequent truancy before the age of 13 (American Psychiatric Association, 2013: 19).

The typology of conduct disorders, based on the environment in which they manifest, can be divided into several subtypes. Family-limited conduct disorder refers to aggressive and antisocial behaviors that occur only in interactions with family members. Unsocialized conduct disorders are characterized by persistent antisocial and aggressive behavior that significantly impairs relationships with other children. In contrast, socialized conduct disorders involve antisocial or aggressive behaviors among children who are generally well-integrated within their peer group, such as group delinquency or group theft.

Based on the age of onset, conduct disorders can be classified as follows: childhood-onset type and adolescent-onset type. Childhood-onset disorders involve problematic behavior before the age of 10 and are more common in boys, who often exhibit physical aggression and have difficulties with peer relationships. If these disorders persist, individuals may develop antisocial personality disorder. In contrast, adolescent-onset disorders are less characterized by aggression and have a lower impact on interpersonal relationships, with a significantly reduced risk of developing antisocial personality disorder (Moffitt, 2006: 570-598).

The classification of conduct disorders by severity includes three levels: mild, moderate, and severe. Mild conduct disorders are characterized by a low intensity of problematic behaviors that cause minor harm to others. Moderate conduct disorders involve a greater number of problematic behaviors and have a significant impact on those around them. In severe cases, individuals display numerous conduct issues that cause considerable harm to others. Studies suggest that only one-third of conduct disorder cases develop into psychopathy in adulthood, with their progression largely dependent on the age at which the first symptoms appear (Rutter, 2003: 189-509).

4. Factors and causes of conduct disorders

The factors contributing to the onset of conduct disorders and the manifestation of violence are correlated with variables such as personality traits, genetic predispositions, demographic and environmental factors, as well as situational and nonsocial factors. Personality factors, in particular, provide consistency over time and differentiate individuals from one another. For instance, high self-esteem is frequently associated with aggressive behaviors, especially in individuals with unstable self-esteem, such as narcissists, who become more aggressive when their self-image is threatened (Baumeister, Smart, and Boden, 1996; Bushman, 1998: 30).

Emotional factors also play a significant role in violent behaviors. Individuals with learning difficulties, who have frequently experienced failures, are often dependent on others to meet their needs, which can lead to low self-esteem and a negative self-assessment (Zarkowska and Clements, 1994). Additionally, individuals' beliefs and attitudes influence aggressive behaviors. For instance, beliefs regarding the use of violence as a solution for interpersonal conflicts can lead to a predisposition toward aggressive acts, and in certain social contexts, such as street gangs, respect and fear are prioritized values (Horowitz and Schwartz, 1974, Klein and Maxson, 1989).

In addition to personality and emotional factors, genetic factors highlight differences in aggressive tendencies between genders. Men are more prone to direct acts of aggression, while women more frequently exhibit indirect aggression (Anderson and Bushman, 2002). Gender differences in aggression are present from early childhood and remain stable throughout adolescence (Knight, Fabes and Wilson, 1996). Additionally, biological factors, such as brain dysfunctions or a difficult temperament, can increase the likelihood of a person developing behavioral problems (White, 2001: 139; Anderson and Bushman, 2002).

Regarding familial and social factors, the family environment has a major impact on aggressive behaviors. Individuals who experience parental rejection or inadequate care are at a higher risk of developing behavioral and emotional disorders. Conversely, children who grow up in cohesive and harmonious families are less likely to exhibit such behaviors (Patterson, DeBaryshe and Ramsey, 1989). On a social level, the school environment plays a significant role. Factors such as excessive competition,

an insecure social environment, and tense relationships with teachers can trigger disruptive behaviors, and educators who exhibit emotional instability or excessive rigidity can exacerbate students' problems (Loeber and Farrington, 2001).

Situational factors influence aggression through their effect on cognition and emotions. Direct provocations, such as insults or physical aggression, are among the most common causes of aggressive behaviors (Anderson and Dill, 1995). Additionally, frustration, defined as an obstacle to achieving goals, contributes to increased levels of aggression, especially when another person is perceived as responsible for the failure (Berkowitz, 1989: 29-54). Aversive conditions, such as noise or high temperatures, along with alcohol or drug consumption, can amplify aggressive tendencies (Bushman, 1993: 192).

Cognitive factors, such as difficulties in communication and problem-solving, can influence emotional adaptation and aggressive behavior. These difficulties are common among individuals with learning disabilities, where the interaction of multiple factors leads to the development of behavioral disorders (Dodge, Coie, and Lynam, 2006). Aggression is not determined by a single cause but is the result of complex interactions among physiological, psychological, and situational factors, such as exposure to violence or easy access to weapons (Gutzloe, 2001: 154).

Factors contributing to the manifestation of aggression also include negative peer influences, family tensions, and deficient educational models. A conflicting family environment or prolonged exposure to media that promotes violence can lead to deviant behaviors. Additionally, strained teacher-student relationships and lack of supervision increase the likelihood of developing behavioral disorders (Bandura, 1973: 168). In this context, aggression is the result of complex interactions, and its prevention requires a comprehensive approach focused on education, psychological interventions, and support for the family and social environment (Anderson and Huesmann, 2003).

5.Theories and explanatory concepts of conduct disorders and violent behaviors

One of the greatest challenges schools face is related to conduct disorders and manifestations of violence and aggression—types of behavior that certain personalities often consider necessary for social survival. There are three main theories regarding aggression: one posits that it is innate, following Sigmund Freud's view that people are born with an instinct to be aggressive and violent; another theory sees aggression as a response to frustration; while a third considers aggression to be a learned social behavior (Freud, 1920: 59-64; Dollard et al., 1939; Bandura, 1973: 170).

According to social learning theory, aggressive behavior is not innate but acquired through observing and imitating models in the environment. In this context, a child learns aggressive behaviors when these actions are directly rewarded or when they observe others receiving rewards for aggressive acts (Havârneanu and Şoitu, 2001). This theory, along with other perspectives on aggression, provides a useful framework for understanding and managing this type of behavior.

Among the main modern theories of aggression is the cognitive neoassociation theory, which posits that aggressive thoughts, emotions, and behaviors are stored and linked in memory, thereby influencing future reactions (Collins and Loftus, 1975). Similarly, the script theory, formulated by Huesmann (1986: 125-139), suggests that exposure to media violence leads children to learn aggressive scripts that they may later apply in various social situations. Other theories, such as the excitation transfer theory and the social influence theory, emphasize that aggressive behaviors can result from external influences, such as events that provoke physiological arousal or social interactions (Zillmann, 1979: 127, Tedeschi and Felson, 1994).

Regarding personality, Freud (1920: 1-64) believed that people are born with aggressive tendencies that must be managed throughout life. These tendencies are often observed in choleric, impulsive, and volatile personalities, which display distinctive behaviors. Additionally, studies on violence have shown that certain personality traits, such as impulsivity and learning deficiencies, can increase the likelihood of violent behaviors (Anderson and Bushman, 2002). In a similar vein, Horney (1998: 153) described the "aggressive type" as an uninhibited individual who asserts their desires through violent behaviors and imposes their will on others.

Social learning theory emphasizes imitation and modeling, suggesting that children imitate the aggressive behaviors of adults, making aggression a form of learned social behavior. Children who witness acts of violence or participate in such behaviors during childhood are more likely to adopt these behavioral patterns in the future (Bandura, 1973: 122). Additionally, the family environment plays a crucial role in the development of aggressive behaviors. Research indicates that a lack of affection, low parental control, and aggressive behaviors within the family are directly correlated with violent acts in children (Patterson, DeBaryshe and Ramsey, 1989).

Social conditions, such as parents' excessive concern for their children's future, feelings of disappointment with society, or social depression, can lead parents to neglect the emotional needs of their children. These children are often exposed to inappropriate peer groups where they learn and apply violent relationship models (Gottfredson and Hirschi, 1990). To have a significant impact on reducing violence among children and youth, preventive measures must consider a variety of triggering factors, including family and social conditions (Eisenberg et al., 2003).

The family climate plays a crucial role in explaining conduct disorders among children and youth. The family is the primary influence in a child's psychological and psychosocial development, and the atmosphere within the family has a direct impact on the child's behavior. In disorganized families, the lack of parental authority, insufficient control, and lack of affection lead to social maladaptation, with children growing up in a conflict-ridden environment that negatively affects their emotional and moral development (Bowlby, 1988: 89-129). A child raised in such an environment will often respond to aggression and hostility with aggressive or self-destructive behaviors, and accumulated tensions may manifest as sudden outbursts of anger and violence (Patterson et al., 1989).

In contrast, an overly permissive family climate, where parents are excessively protective and invest emotionally in the child to an extreme degree, can lead to antisocial behaviors. This form of upbringing, which shields the child from the "dangers" of society, whether real or imagined, may create low frustration tolerance and lead to deviant behaviors (Baumrind, 1991: 88). On the other hand, attachment theory suggests that a child's healthy development is influenced by the parents' sensitive responses to the child's emotional needs. The absence of such responses can result in insecure attachment and the development of reactive attachment disorder (RAD), which affects the child's ability to form healthy relationships (Hall and Geher, 2003).

In conclusion, aggression is not determined by a single factor but is the result of complex interactions between biological, psychological, and social factors. To reduce aggressive and violent behaviors in children and youth, a comprehensive approach is essential, encompassing educational and psychological interventions as well as strong support from family and the school community (Bandura, 1973: 194, Patterson et al., 1989).

6. Conduct disorders in the school environment

Absence from classes represents an avoidant and defensive behavior, often occurring in situations perceived as challenging, such as tests, conflicts with peers or teachers, or participation in certain activities. The reasons for absenteeism vary depending on the age of the students. For younger children, absence may be associated with "school phobia," a fear related to specific school situations. In contrast, among adolescents, absenteeism may be linked to teachers' attitudes, interpersonal conflicts, and the influence of external peer groups exerting a negative impact, as well as the family's perspective, which may convey the message that academic success is essential for acceptance and love (Parker, 2006: 231).

Theft of insignificant items within the family or school environment can stem from a lack of attention and affection from parents, as well as the absence of acceptance of the child's individuality. Such behaviors may indicate a need to attract attention or fill an emotional void (Jenkins, 2009: 1504-1508).

Vandalism, manifested through aggression toward peers' belongings, reflects low self-esteem, low frustration tolerance, and poor self-control. These behaviors can result from rebellion against the school system or a feeling of maladaptation to the school environment (Farrington, 1993: 381-416).

Aggression manifests in various forms, including verbal aggression (insults), physical aggression (bodily harm), and passive aggression (refusal to participate in activities, oppositional behavior) (Szabo, 2010: 89-107). The causes of aggression are diverse and may include the expression of negative emotions, release of tension, the need to dominate others, imitation of aggressive behaviors observed in the family, media, or peer groups, as well as peer pressure and lack of respect. Additionally, low self-esteem, physical or emotional abuse in childhood, and stress factors within the family environment, such as inconsistent discipline and lack of emotional support, can contribute to these behaviors (Anderson and Bushman, 2002).

An effective psycho-pedagogical intervention involves counseling not only the child but also the family and teachers, aiming to identify the specific factors contributing to the student's emotional and behavioral difficulties and to understand the interactions among these factors. The intervention plan can be structured across several areas, including building a relationship based on trust and respect among parents, children, and teachers; encouraging the child through praise and rewards for desired behaviors; getting to know the child's peer group; providing an appropriate family model; and establishing clear

rules. It is essential to monitor video games and movies accessed by the child and to encourage responsibility by assigning age-appropriate tasks—all of which contribute to the development of a healthy and balanced personality (Berkowitz, 1993: 133, Cummings and Davies, 2002).

Conclusions

The frequency of conduct disorders varies over time; according to some authors, these disorders are most prevalent between the ages of 14 and 18, after which they tend to decrease. However, when they persist into adulthood, they often take on characteropathic forms that become stable and increasingly display antisocial tendencies.

In most cases, conduct disorders in youth involve a series of changes that evolve from simple to complex. Often, these disorders begin with minor behavioral deviations, such as lying, which signal the development of negative personality traits. Up until puberty and adolescence, such behavior is typically expressed as familial, school, or social maladjustment. From puberty onward, however, it can evolve into antisocial behaviors as a result of undeveloped responsibility, limited self-awareness, and socio-emotional immaturity. Generally, deviant behaviors manifest in stereotypical patterns, highlighting an inability to progress under the influence of education.

In psychological assessments, it is crucial to identify children and adolescents with behavioral and aggressive conduct disorders, as these individuals often display significant difficulties in adapting to and integrating into social and school environments.

The earlier these children are identified and a plan is devised to help them overcome their difficulties, the more effective the intervention will be, allowing the individual to exhibit functional behaviors more quickly. Conversely, if the identification of conduct disorders is delayed, the effectiveness of the intervention is reduced, and the individual becomes more difficult to rehabilitate, with stable and repetitive behavior patterns becoming ingrained in their personality structure.

A more challenging situation arises with children who were not identified as having conduct disorders during childhood or adolescence, with their behaviors being dismissed as mere indulgence (thought to be a temporary phase that would resolve spontaneously). In such cases, psycho-pedagogical intervention has typically not occurred, increasing the risk that these behaviors will become stabilized and/or evolve into antisocial actions.

Aggressive behavior represents a form of conduct disorder that can be extremely difficult to modify, even in childhood; therefore, the success of counseling and intervention relies on the combined efforts and close collaboration between the family, educators, school counselor, and, not least, other specialists in psychotherapy.

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