AN EXPLORATION OF HOW SCHOOLS COPE PSYCHOLOGICALLY WITH A
CRITICAL INCIDENT, CONSIDERING SUPPORT PROCESSES, WITH PARTICULAR
REFERENCE TO DECISION-MAKING REGARDING OUTSIDE SUPPORT,
ESPECIALLY SUPPORT AVAILABLE FROM A LOCAL AUTHORITY C.I.R.T.
(CRITICAL INCIDENT RESPONSE TEAM)

by

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Abstract

A Critical Incident (C.I.) is a traumatic event which typically occurs suddenly and unexpectedly, often resulting in serious injury or a death. This thesis explores how schools cope psychologically with a C.I. from the perspectives of the school decision-makers. It considers support strategies in the short, medium and long-term and at a whole-school, group and individual level. The process of support is interpreted in terms of its role towards enabling normalisation.

The exploration makes particular reference to decision-making factors for schools regarding outside support post-Critical Incident, especially that which is available from a Local Authority Critical Incident Response Team (C.I.R.T.). Eleven schools participated, creating two data sets balanced between those requesting C.I.R.T. support and those that did not.

Decision-makers, most of whom were head teachers, were interviewed and subsequently the resultant data was interpreted through the process of thematic analysis from an interpretivist perspective. This arose from the researcher's nominalist constructivist epistemological stance.

Overall the themes revealed that schools coped psychologically through a pastoral response available for staff, young people and families, leading to reduced stress and whole-school normalisation. There are systemic limitations and pressures; however schools which requested external support through C.I.R.T. experienced useful outcomes, particularly a strengthened staff and an enhanced sense of preparedness.

Decision-making regarding external support was influenced by the initial impact of the C.I. (Critical Incident), circumstantial factors and situational need whereby schools evaluated their own capacity to cope.

The thesis discusses how schools were generally able to cope effectively psychologically post-C.I.; however, some decision-makers did request support from C.I.R.T., which schools perceived as being beneficial.

Dedication

To my parents, Gloria Eileen Atwell and Ivor Edson Atwell, for their unwavering encouragement, support and strong belief in education and to whom I shall always be grateful.

Acknowledgements

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C&YP.	Children and Young People
C.B.T.	Cognitive Behaviour Therapy
C.I.	Critical Incident
C.I.D.	Critical Incident Debriefing
C.I.R.T.	Critical Incident Response Team
C.I.S.D.	Critical Incident Stress Debriefing
C.I.S.M.	Critical Incident Stress Management
D.A.	Discourse Analysis
E.P.	Educational Psychologist
I.P.A.	Interpretative Phenomenological Analysis
L.A.	Local Authority
N.I.C.E.	National Institute for Clinical Excellence
P.D.	Psychological Debriefing
P.F.A.	Psychological First Aid
P.T.G.	Post-traumatic Growth
P.T.S.D.	Post-traumatic Stress Disorder
P.W-B.	Psychological Well-being
R.C.T.	Randomised Controlled Trial
R.T.A.	Road Traffic Accident
SEN	Special Educational Needs
S.W-B.	Subjective Well-being
T.A.	Thematic Analysis

CHAPTER 1

INTRODUCTION

This thesis is a study within the discipline of educational psychology in the field of enquiry of schools in a local authority (L.A.). The substantive topic researched is Critical Incidents (C.I.s) which affect school communities. The purpose is to explore how schools cope psychologically with Critical Incidents, with reference to support processes and decision-making regarding outside support, particularly that offered by the Critical Incident Response Team (C.I.R.T.) within Inclusion Support in the L.A.

A Critical Incident in the context of this research refers to an event or incident that is often sudden and unexpected. These incidents are of a critical nature, such as a death or serious injury and usually involve the experience of trauma by those affected.

The research focus on the substantive topic of Critical Incidents is justified due to their continuing occurrence in school communities. These could be a single death of a child, parent or staff member or a large-scale disaster or accident or the passing away of a terminally ill child, for example. There are no reasons to suggest that incidence of C.I.s has increased recently, but I believe that such C.I.s will continue to affect schools in the future. What is continuing to emerge is the realisation of the psychological impact of such C.I.s on school communities. Schools are both places of sanctuary and of vulnerability. An increased insight into the coping, capacity and support for schools can serve to inform policy and practice. More specifically the C.I.R.T. established by the L.A. is an accountable body and such research illuminates the impact of current practice, the rationale of schools as to whether to

access the C.I.R.T. support. My engagement with schools elicits data which may be useful to share to encourage good practice and for schools to cope in a self-supporting manner.

The substantive aims are to explore how the impact of a C.I. is managed psychologically in schools, including temporal and organisational variations. The psychological coping strategies employed by schools are considered in terms of their effectiveness and outcomes. The research also investigates the decision-making regarding whether to request outside support to facilitate coping and explores the factors which influence the decisions. The request for the C.I.R.T. support is the particular focus and schools that did/did not request such intervention formed the two key data sets in the research. Reference is made to the C.I.R.T. policy in response to a C.I. and indirectly to the school response strategy. The practice of the C.I.R.T. intervention when requested is analysed. This involves the relationship/communication with the school, the planning of the support and the implementation of the current intervention which is psychological debriefing. This specific practice is examined for efficacy and appropriateness.

The theoretical framework is shaped through the psychological perspectives surrounding crisis and trauma and the associated psychological responses, especially those related to grief. The underpinning process of recovery and normalisation is a key theoretical concept, alongside that of a psychological coping capacity. The consideration of psychological interventions to support such processes is integral, such as Psychological Debriefing, Cognitive Behaviour Therapy and Psychological First Aid as well as other therapies. The concepts of Post-traumatic Stress Disorder (P.T.S.D.) and Post-traumatic Growth are explored in relation to psychological responses post-C.I.

The ontological perspective is that of a nominalist approach, alongside my epistemological position reflecting a constructivist stance. I, the researcher therefore adopted an interpretative approach for the analysis of the data. This heuristic level of enquiry enabled my reflective interpretation of participants' experiences of C.I.s.

The sample consisted of eleven schools, six of which had requested the C.I.R.T. support (**Yes Schools**) and five which had not requested the C.I.R.T. intervention (**No Schools**) post-C.I.

The research aim was achieved through the gathering of qualitative data via semi-structured interviews from participants who were the decision-makers in schools post-C.I., enquiring into their psychological coping and support. Specifically there was an intent to elicit the factors which contributed to requesting outside support post-C.I. The specific factors examined were type of school, decision-making personnel, staff or pupil responses and historical, cultural, religious or neighbourhood influences and the type of incident. Additionally, the strategies implemented on a short, medium and long-term basis were explored alongside the support received in school at an individual, group and whole-school level and positive and negative outcomes.

The transcribed interview data was analysed utilising the technique of thematic analysis. This enabled an identification of codes from the reduced data and subsequently themes and this analysis was represented as thematic maps. The origin of the themes was evidenced through coding grids which enabled the contribution of data extracts to be viewed. A comparative dimension was achieved through the thematic sorting process which resulted in thematic sets. These were then attributed to **Yes School(s)**, **No School(s)** or **Yes and No School(s)** which was determined from the source school(s) for that particular theme. Thematic sorting was followed by analysis of these comparisons for similarities and differences.

The rationale behind whether to request the C.I.R.T. support or not was able to therefore be analysed. The practice of different strategies to enable coping psychologically was analysed through the thematic maps and by utilising the data that was not appropriate for thematic mapping.

The inspiration for the research arose from my role as an educational psychologist in an L.A. I have witnessed and become increasingly involved in the evolution of the C.I.R.T. It developed from a perceived and evidenced need within the L.A. Inclusion Support Service for psychological support to be available for schools post-C.I. The team is mainly composed of educational psychologists who are interested in trauma and bereavement support. When the L.A. is notified of a C.I., the C.I.R.T. is informed and contact is made with schools or schools may have already requested the C.I.R.T. support. Having been a contributor to the service delivery of psychological interventions in schools post-C.I. in the C.I.R.T., I became increasingly interested in the psychological effects of the C.I.s and the intervention experiences. More latterly, I have been co-ordinator for the team and have gained considerable experience in the field.

My value position from my experience across a range of C.I.s and schools within my enquiry is that school communities have in-built resilience in the face of crisis due to their duty of care and pastoral concern, their leadership and management and skills among their staff teams. Psychological coping is often robust and schools feel they can cope without specific psychological intervention from outside. However the C.I.R.T. support is a critical resource for some schools. Although the C.I.R.T. approach to supporting schools is through the application of Psychological Debriefing, the team is considering other approaches at present, such as that of Psychological First Aid. The C.I.R.T. invitational approach to intervention is very much in keeping with my value position. I am well aware of the potential for

psychological crisis to result from a C.I. and indeed possibly Post-traumatic Stress Disorder and so schools and individuals may need support. I am also currently wishing to engage more fully with the concept of Post-traumatic Growth. My research recognises my standpoint from the perspective of the insider researcher.

The aims of my research have their issues, problems and limitations. First the research aim itself is ambitious and although the C.I.R.T. element is quite defined, the broader enquiry regarding psychological coping is a challenge which is set within the far-reaching context of trauma and the plethora of school contexts. This has been addressed by developing a semi-structured interview schedule which seeks to source data from specific dimensions of coping including temporal and organisational variables. My position as an insider researcher has the potential of leading to bias and reducing objectivity. There was also the assumption that schools had the capacity to interpret their C.I. from a psychological perspective. It was imperative to be mindful that every C.I. and school context is unique. The unexpectedness of most C.I.s was also a characteristic to be taken into account when planning the research. The sensitive nature of the subject matter must also be respected.

Theoretical understanding of psychology and trauma continues to develop. A particular challenge was that of researching within the diverse community of a school. Ages, experiences, abilities and expectations are often far-ranging and the application of psychological understanding needs to take account of such variables. Other psychological studies relating to trauma are often context-specific, which may be at variance with the different C.I.s in the research. Stages of grief across adults and children have shown some parallels, but individual differences still need to be considered. The theoretical underpinnings of psychological interventions, which are often focussed around P.T.S.D., should be

perceived in a broader context. There is also a need to ensure that reported applications of interventions have been the most appropriate use of the support strategy.

The interpretive paradigm has its critics, not least because of its reliance on the subjective interpretation of data that is qualitative in nature. Self-reported data from interview questions, which themselves could have different meanings between participants, is often an individual professional viewpoint. The method of interviewing has disadvantages including the limitations of the questions and time allocated for the interaction, in addition to perhaps unintentionally creating a pressurised situation. The thematic analysis has its challenges due to the demands of the consistent rigour required in data reduction and coding. Also it was not appropriate to apply such an analysis to all of the data. This will be fully discussed later in the thesis.

Although my research was focussed within one urban L.A., there was wide contextual diversity in terms of types of school in the sample, namely: mainstream primary schools, one of which was a church school; mainstream secondary schools; a primary academy; a secondary academy and schools with specialist provision. Overall the school communities were multi-culturally diverse and were located in areas of varying levels of socio-economic deprivation.

The context of my enquiry was within a range of Critical Incidents. These were: death through terminal illness; suicide; and unexpected sudden death, such as in road traffic accidents or sudden illness.

In developing my enquiry I seek through my literature review to elicit definitions and psychological perspectives relating to trauma. P.T.S.D. was prevalent amongst the literature, so this is explored and followed by a critical analysis of the interventions of Psychological

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Debriefing, Cognitive Behaviour Therapy, Psychological First Aid and some other therapies. I also discuss the recognition of the concept of Post-traumatic Growth (P.T.G.). I follow this with an overview of the school context and C.I.s and specifically the response from educational psychology.

The research design and methodology chapter sets out the aims, purpose and focus of the enquiry and the research aim, providing an ontological and epistemological insight and a justification for my interpretive theoretical perspective. The operationalisation is presented and the method of data collection of semi-structured interviews is explained, as is the scrutiny of the data through thematic analysis. Reliability, validity and generalisability are considered, as are ethical issues and the audience of my research.

In Chapter 4 the findings and analysis are presented in the context of the interview questions and the research aim itself, considering similarities and differences in the data and an analysis of themes. Themes are exemplified by substantial quotes from the interview transcripts from participants. Thematic maps are evidenced through the coding process and thematic sorting outcomes are discussed.

My concluding chapter explores the questions arising from the findings and analysis, addresses links to the literature and suggests recommendations for practice and further research possibilities.

I hope this thesis raises awareness regarding how schools cope psychologically with a C.I., informs policy and practice especially of the L.A. Critical Incident Response Team and inspires future support and research.

CHAPTER 2

LITERATURE REVIEW

Introduction

This chapter aims to present a critical analysis of my review of literature, which contributes to the contextual foundation of the research. Hart (1998) illustrates the crucial importance of the literature review; it impacts upon the specialisation and high level of scholarship and the making of a new contribution to an area of knowledge through the thesis.

I undertook an initial literature search whereby keywords included: *adolescents, bereavement and loss, C.B.T., children, coping strategies, crisis intervention, critical incident stress debriefing, critical incidents, debriefing, P.T.S.D., psychological first aid, post-traumatic growth, response to critical incidents, schools, teachers and trauma, trauma, traumatic events, young people.*

The literature search included the following sources: journals, books, World Wide Web, reports and presentations; the timespan of the literature review was from the 1960s to the present. The relationship between psychology and trauma has particularly evolved over the last fifty years approximately and therefore the timespan of the literature review reflects this development.

2.1 Definitions

Chaplin (1985) describes crisis as "a turning point marked by sharp improvement or sharp deterioration" or "a decision or event of great psychological significance for the individual." (p.110) Caplan (1969), cited by Mitchell and Everly (2000), makes reference to two types of

crisis, namely "developmental" and "situational". According to Caplan, developmental crises are those that span one's life cycle that is from cradle to grave examples being: birth, leaving home, getting married, spiritual experiences and death; situational crises include such events as illness, threat, loss and disaster. Critical Incidents (C.I.s) may be developmental or situational. Interestingly, according to Wade and Tavris (1993), "Many psychologists believe that it is not your age that creates a crisis, but an event, such as losing your health, your parents or your work." (p.526) My experience suggests that some C.I.s may be the result of a convergence of both types of crises.

There is a spectrum of possible definitions of a C.I.; Mitchell (1983), from the perspective of emergency services, emphasises the significant stress that often accompanies a C.I.:

> A Critical Incident is any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later (p.36).

Hokanson and Wirth (2000) equate a C.I. with a crisis event, suggesting:

> A Critical Incident is often called a crisis event which has an impact sufficient enough to overwhelm the usually effective coping skills of either an individual or group (p.252).

Indeed Mitchell and Everly (2000) use the term "psychological crisis", defining a crisis as:

> A state of emotional turmoil wherein one's usual coping mechanisms have failed in the face of a perceived challenge or threat (p.72).

Therefore the experience of a C.I. is likely to involve potential change and trauma to those affected. Such trauma is defined by Stratton and Hayes (1999) as "An experience which, because of its intensity and unexpectedness, is damaging. The initial reaction is shock, which may or may not be followed by recovery" (p.297). The experience may challenge the psychological and physiological capacity to cope and function effectively.

These definitions provide a foundation of understanding of the psychology associated with a

C.I. My research adopts Hokanson and Wirth's (2000) definition of a C.I.

My research specifically focusses upon the support services offered by the Local Authority

(L.A.) Inclusion Support Service, namely the Critical Incident Response Team (C.I.R.T.). The

L.A. distributes an overview brochure (2011) detailing the C.I.R.T. service to all schools. The

contents of the brochure include:

- Defining C.I.
- What the C.I.R.T. aims to achieve?
- The C.I. Team
- The impact of a C.I.
- How can schools request C.I. support?
- What level of support is offered to schools?
- Evaluations from service users
- External contacts to support traumatic events, such as health services and bereavement support

The C.I.R.T. defines C.I. as being sudden or unexpected and causing trauma or distress to a

school population. All of the C.I.s in my research sample involved death and the C.I.R.T.

brochure definition of a C.I. exemplifies Critical Incidents as possibly involving the death of a

child, young person or member of staff.

Also of particular interest is the section pertaining to what C.I.R.T. aims to achieve:

- To facilitate school to manage the primary impact of a Critical Incident (or traumatic event)
- To meet with senior management to support positive action towards re-enabling normal school routines
- To adopt psychological approached in order to reduce further effects of the trauma upon those involved
- To ensure that vulnerable individuals are identified and supported if required
- To facilitate schools in accessing specific information and resourced to cope with the traumatic event (p.2).

The brochure describes C.I.R.T. as a quick response team that can mobilise support to schools, post C.I., aiming to do so within twenty-four to seventy-two hours of the C.I. being reported to C.I.R.T.

The brochure details the support offered to schools, which includes an initial contact by C.I.R.T. to the school for all incidents reported. If C.I.R.T. support is requested, facts about the C.I. are clarified, an assessment of the school's ability to cope is undertaken and advice and information is made available to parents, children and staff regarding managing trauma and pastoral support. This usually occurs either the same day or the next working day after the request for support.

Although the document serves as a quick reference guide about C.I.R.T., I have noted that a user-friendly section addressing psychological crisis and trauma could be a useful addition.

2.2 Psychological Perspectives

Background:

I seek to explore the interface between psychology and trauma, particularly the relationships between stress, anxiety, emotion and coping ability. According to Green (1994) "Stress exists when there is a mismatch between *perceived demands* and *perceived coping ability."* (p.127) Frazier's (2011) research into the psychological effects of trauma indicates that nearly all of us experience a traumatic event in our lives. However, she acknowledges that due to individual differences, the likelihood of experiencing exposure to trauma varies. The context of my research, being in school communities, needs to be mindful of the vulnerability of children and young people. It needs to be acknowledged that the vulnerability of C&YP. could be intensified through experiencing exposure to trauma. Individual differences may influence the risk of exposure to trauma and the psychological response, "…there is a chance

that if one does have a problem with death, problems in other areas will also be present." (Gatliffe, 1988, p.9) In addition to this, the unpredictability of certain traumatic events impacts upon the psychological effects; Wade and Tavris (1993) feel that people cope best with life-changing events if they occur "on time". Indeed, the ability to manage through a Critical Incident is often compromised and the trauma increased by the very fact that the incident is untimely. In terms of Critical Incidents resulting in life-changing events, these often involve a serious injury or death.

School communities consist of individuals with varied psychological capacities; regarding the children and young people themselves, "Not everybody is in agreement about the way children understand the world, and how that understanding develops." (Mitchell, 1992, p.1) Specifically useful in the context of Critical Incidents, is the attempt at exploring the developmental stages of death concepts as offered by Wass (1984), cited in Johnson (1989). In late infancy/early childhood for example, death is perceived as a temporary reversible departure or sleep. Moving through middle childhood, the concept of death is described as unpredictable and irreversible, with physiological explanations. By adolescence/adulthood, the concept develops with an understanding of the universal, personal but distant characteristics of death and possible theological explanation. An understanding of death concepts is helpful in supporting Critical Incidents psychologically and, I suggest, also when considering the models of stages of grief to be later discussed.

The dynamics between psychology and trauma are complex, however the relationship clearly exists and the response to it is paramount as exemplified by Caplan (1964), a psychodynamic theorist who developed the concept of psychological crisis.

Johnson (1989) recognises the psychological impact of trauma: "Critical incidents are events that overwhelm an individual's capacity to cope. They are psychologically traumatic, causing

emotional turmoil, cognitive problems, and behavioral changes" (p.63). It is important to recognise that psychological trauma may be composed of emotional, cognitive and behavioural elements, but to a lesser or greater extent and these could vary over time. Also, in my experience, defined Critical Incidents on occasions do not necessarily cause consequential trauma for certain individuals in the C.I.'s spheres of influence, as they are more indirectly affected. Following this commentary exploring psychology and trauma, I now discuss more specifically psychological responses to potentially traumatic events.

Psychological Responses:

Critical Incidents in schools can be caused by a plethora of situations, such as natural disasters, crime, road traffic accidents, life-changing illness, physical attacks and sudden change in circumstances beyond local control. Many such Critical Incidents can result in death and this is the case in all of the schools in my research. Therefore an understanding of loss and bereavement and the associated psychological responses are essential in exploring the psychological coping of schools following a Critical Incident.

Much support by C.I.R.T. involves working with children, and an understanding of their concept of death is vital when considering developmental psychological responses. Hindmarch (1993) offers an age and stage model specifically in relation to the death of a sibling. At age five to eight for example, there may be a denial of feelings and the child may appear unaffected by the death; however by adolescence there may be a reluctance to face the reality of death and such responses as envy and pride may be evident. This developmental analysis I suggest, could be applied to children experiencing other loss through death.

Resick (2001) distinguishes between the processes of bereavement and psychological disorders: "Bereavement, the process of mourning the loss of a loved one, is a natural process and is not considered a psychological disorder." (p.10) Child and adult psychological

responses to bereavement need to be considered: "…the way in which an adult responds to individual children and groups of children following a crisis can significantly affect the outcome of the experience." (Johnson, 1989, p.64) It needs to be acknowledged that the adults themselves, such as the school staff, could be directly affected by the crisis and may therefore also require support.

According to Johnson (1989), cognitive, emotional and behavioural signs are key when exploring reactions to Critical Incidents. Although his guidelines are designed for school staff to apply when offering support to children, I suggest that they may also be useful when perceiving the adult school community reactions. Johnson (1989) distinguishes between expected 'norms' and extreme reactions and suggests that the latter may require referral to specialist professional services. The signs could be useful for schools as they seek to cope psychologically with a Critical Incident. Cognitive signs include: flashbacks becoming hallucinations, or self-doubt becoming a feeling of disconnectedness from reality. Crying becoming hysteria and anger or self-blame becoming threats of self-harm are examples of emotional signs. Behavioural signs include: high arousal becoming unfocussed agitation, or retelling the experience becoming a frequent repetitive narrative. Dogra et al. (2002) state "Abnormal bereavement reaction may be considered if there is a significant departure from the 'normal' sequence of grief, which is similar across age groups." (p.137) so the expected sequence of grief is likely to be similar across the mixed ages within a school community. Through support, most individuals exhibiting serious psychological responses can be enabled towards regaining their sense of equilibrium. During the process towards normalisation, Johnson (1989) reminds us of the potential psychological instability, the occurrence of epicycles and the impact of age and stage variations upon coping strategies. A consideration

of the process of grief contributes to understanding psychological responses to Critical Incidents.

Gross (1992) links psychological responses with grief: "…*grief* is the complex set of psychological and bodily reactions commonly found in people who suffer bereavement." (p.732) Kubler-Ross (1983) includes grief in her model of the five natural emotions of life; perhaps the other four emotions she identifies of fear, anger, jealousy and love may at times interplay with the bereavement experience. Gross (1992) cites Ramsay and de Groot's (1977) nine components of grief: Shock, Disorganisation, Denial, Depression, Guilt, Anxiety, Aggression, Resolution and Re-integration. The universal nature of these components enables their potential application in a wide range of scenarios. More specifically Moore and Carr (2000) consider children's grief processes following bereavement. In comparison with Ramsay and de Groot (1977), Yearning and Searching, Sadness, Anger, Bargaining and Acceptance are distinct components presented by Moore and Carr (2000). Furthermore, Moore and Carr (2000) connect behavioural expressions of all their grief processes to adjustment problems which may indeed require specialist professional services. However, "If children have been well supported during the early stages of grief, they may show increased maturity and psychological strength once they take steps towards acceptance." (Moore and Carr, 2000, p.208) Interestingly, Carr (1999) parallels children's grief processes following bereavement with those associated with children facing terminal illness. Indeed terminal illness may be a type of C.I. in schools and I feel that Carr's parallel with the processes of grief is worth considering in preparedness in cases of terminal illness.

Payne et al. (1999) warn that if models of grief "…are used prescriptively, diversity may be denied and hasty judgements made about whether grief is 'normal' or 'abnormal'." (p.78) Indeed variables such as: gender, social mobility, cultural traditions/expectations,

psychological stability pre-bereavement, possible previous experience of bereavement and pre-existing special educational needs and disability, may have an impact on psychological responses to bereavement.

Sanders (1993) discusses the mode of death as affecting bereavement outcomes, such as sudden unexpected death, suicide and death of a child; psychological responses and recovery depend upon the context of the incident. Often school Critical Incidents involve the death of a child. Rees (1997) devotes substantial discussion to the death of a child, including stillbirth/neonatal deaths, cot death, disease and famine, accidents, murder and suicide. He suggests "…the surviving children may even feel that they are no longer loved because all the emotion is centred on the lost child." (Rees, 1997 p.141) He cites the adage of The Compassionate Friends international organisation: "'We are here as long as you need us, for as long as you want us.'" (p.142) Indeed from my experience this approach centred around those who need support reflects the psychological responses of C.I.R.T. Hindmarch (1993) offers more of a model-based approach when discussing grief when a child dies, including Wilson's 'Whirlpool of Grief', an alternative pictorial model. Although this includes some features akin to more conventional approaches, such as shock, numbness and denial, Wilson also describes bereavement as a 'waterfall', severe disorganisation as 'all washed up' and pain and physical symptoms as 'on the rocks', for example. Interestingly, Leaman (1995) acknowledges the possibility that there can be some positive outcome from bereavement, as exemplified by a child having a renewed sense of being alive after losing his best friend in a national major incident.

Perhaps the ultimate psychological response hoped for will be some form of acceptance of the loss. Archer (1999) reflects upon the Darwinian viewpoint whereby "…grief is resolved when there is a return to normal functioning in everyday tasks, when intrusive thoughts and distress

are absent, and when the person has mentally accommodated the changed reality." (p.128)

Payne et al. (1999) discuss the expectation of recovery whereby the outcome will result in "normal psychological and social functioning" (p.80) Resilience and resourcefulness often accompany recovery. Normalisation aids the recovery process, as recommended by Wynnejones (1985) who encourages the resumption of daily routines: "It is helpful and reassuring for a child to find that everything has not come to an end. Life still goes on". (p.109) However, although some children return to school soon after experiencing a bereavement, one has to be mindful that they may do so carrying the psychological injury of loss (Rees, 1997).

Hindmarch (1993) states that "Bereavement support requires skill and sensitivity rather than knowledge." (p.32) In response, I would argue that a fine-tuned balance between skill, sensitivity and knowledge is effective for bereavement support.

Psychological Intervention:

Psychological responses may require psychological intervention, as exemplified by Bonanno (2004) "…much of psychology's knowledge about how adults cope with loss or trauma has come from individuals who sought treatment or exhibited great distress…" (p.20). Cohen (2003) addresses the "…serious psychological and biological burden associated with child traumatic stress." (p.832); psychological intervention needs to consider the effects of trauma on both the body and mind. It is recognised that intervention for both children and adults after a Critical Incident may require a holistic approach which may include medical, financial, material and psychological support.

In terms of psychological intervention, McLeod (1993) offers three broad approaches: person-centred, psychodynamic and cognitive-behavioural. Indeed, I feel the 'here and now', the influence of past events and new ways of thinking and behaving in the future respectively, all

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have a possible role in psychological intervention to a lesser or greater extent. A further approach to be considered is the psychosocial: "pertaining to social relationships involving psychological factors." (Chaplin, 1985, p.375) A Critical Incident can disrupt the normal social dynamics of the school environment and this should be acknowledged when intervening psychologically.

There are a range of specific psychological interventions which can be employed to support, post-Critical Incident. However, the field of such interventions has evolved, with divided opinion. Litz et al. (2002), for example, argue that although psychological debriefing has been the most widely implemented form of early intervention, there is contention over its continued use and propose psychological first aid, but recognise that the latter does not fulfil a role therapeutically or preventatively. According to Ehlers and Clark (2003) for example:

> Cognitive Behavioural Therapy was more effective from supportive counseling… however, in most available studies it remained unclear whether supportive counseling facilitated or retarded recovery, compared with no intervention. (p.817)

Lilienfeld (2007), focusses a paper upon exploring potential harmful therapies within psychological treatments, including interventions associated with grief counselling.

Whichever preferred psychological intervention is employed, it is important to ensure that it is underpinned by some fundamental principles of good practice. Such principles are illustrated by Riches and Dawson (2000) when discussing bereavement support. They describe: "listening respectfully", "suspending judgement", "reassuring them they are not abnormal" and "helping find others who might help" for example. Dyregrov (1991) suggests elements of post-bereavement support, such as: giving information on grieving, re-establishing routines as soon as practicable, and encouraging parental responses to reaffirm the child's security if necessary. Di Gallo et al. (1997) consider parental response from a different perspective,

reporting that parents/carers have a tendency to shield their child/children from the stress incurred as a result of the trauma, as further exposure may cause them too much upset. Parental responses perhaps should be observed alongside recommendations for post-bereavement support.

Whilst most psychological intervention tends to focus upon post-Critical Incident support, some authors present the arguments of preparing children and schools for bereavement. This will be explored later in the discussion about the school context.

Bonanno (2004) poses the question "Have we underestimated the human capacity to thrive after extremely aversive events?" (p.20) This is a challenging proposition which should provoke thinking when exploring a school's resilience surrounding a Critical Incident, and is a central concept which emerges through my research.

This overview of psychological perspectives has considered the psychological background, responses and intervention associated with Critical Incidents. A detailed analysis of a range of specific psychological interventions will follow, however this will be preceded by an all-important consideration of Post-traumatic Stress Disorder (P.T.S.D.). This serious psychological condition can result from a traumatic experience and can cause prolonged detrimental effects upon the lives of both adults and children.

2.3 Post-traumatic Stress Disorder (P.T.S.D.)

When exploring psychological coping post-Critical Incident, the possibility of the manifestation of specific post-trauma reactions needs to be taken into account. Johnson (1989) identifies post-trauma phenomena, including re-experiencing and also depressive and phobic symptoms. Such specific reactions and others may result in a clinical diagnosis of P.T.S.D. Gartlehner et al. (2013) discuss The American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders" (DSM), which is used widely by clinicians and researchers to diagnose and classify mental disorders, including P.T.S.D., and includes criteria such as that of intense fear, helplessness or horror to be present in a person's response who is undergoing assessment for a diagnosis of P.T.S.D. In DSM-5 (2013), the diagnostic criteria for P.T.S.D. are: the stressor, intrusion symptoms, avoidance, negative alterations in cognitions and mood, alterations in arousal and reactivity, duration, functional significance and exclusion.

I feel as a psychologist that the assessment of P.T.S.D. symptoms, some of which may appear several years post-incident or may not be observable, is an important consideration during initial or longer term support. The National Institute for Clinical Excellence, under the National Health Service (NHS[UK]), in their Clinical Guideline (2005) recognise P.T.S.D. as "…a distressing and disabling condition from which a great number of sufferers do not spontaneously recover." (p.81) Therefore they recommend early and effective treatment in an effort to reduce the impact of P.T.S.D., but also cite Litz et al. (2002) who recognise a strong debate between those who would provide some intervention for all and those who believe in waiting and targeting support for those likely to develop P.T.S.D.

McNally et al. (2003) discuss the relationship between vulnerability and P.T.S.D.: "…higher cognitive ability and strong social support buffer people against P.T.S.D., whereas the family

or personal history of emotional disorder heightens risk, as does negative appraisal of one's stress reactions…" (p.45) These factors, as well as dissociation which is also identified, could impact upon psychological coping post-Critical Incident more generically, possibly beyond their specific application relating to P.T.S.D.

There has been substantial research into the area of P.T.S.D. identification and interventions. Hobfoll et al. (2007) presented an extensive international report concerning mass trauma intervention and identified five key principles of essential elements that should inform intervention policy and practice; the recommendations are on an immediate/mid-term scale. They suggest: "Sense of safety, Calming, Sense of self and community-efficacy, Connectedness and Hope". However, there are few clinical trials or direct examinations of these recommended principles in disaster or mass violence contexts. Obviously P.T.S.D. is only one of a range of significant responses to trauma. The authors give examples of how the experience of a catastrophic event may impact upon our sense of stability and well-being, such as physical, social and psychological demands may become overwhelming and they also highlight the "…potentially damaging effects of traumatic events on people's sense of meaning, justice and order…" (p.6). Although the Critical Incidents in my research do not involve mass trauma, such events are a possibility in schools and so therefore there is the potential for P.T.S.D.

The American Psychological Association (2008) acknowledges that our understanding of child and adolescent P.T.S.D., rather that adult P.T.S.D., is relatively recent. Prinstein et al. (1996) investigated the types of coping assistance offered to children following a natural disaster. Particularly significant is their argument that children can develop the onset of P.T.S.D., which may persist long-term if not treated. Results presented by Prinstein et al. show:

As expected, children who reported more severe levels of P.T.S.D. symptomatology and who were arguably in greater need of coping assistance also reported more frequent emotional processing and distraction coping assistance, especially from parents and friends. (p.472)

Interestingly, all data was collected via children's self-report; however, I agree with Prinstein et al. when they suggest that future investigations may "incorporate the reports of significant others" (p.473). In my research, decision-makers' choices could be influenced by the level of support available from the family, close friends or other key persons.

Johnson (1989) describes trauma in children as causing psychological disequilibrium and recognises that P.T.S.D. reactions may be evident, and professionals may be aware of these. Examples include: Preschool-withdrawal, regression; Younger School-Age Children-discrepancy in mood, compensatory behaviour; Adolescents-Displaced anger, 'too old, too fast'. Again individual differences, including developmental variation, are key considerations when seeking to support children and young people post-Critical Incident.

The American Psychological Association (A.P.A.), Presidential Task Force on Post-traumatic Stress Disorder and Trauma in Children and Adolescents (2008) suggests that the resumption of a normal developmental course of functioning post-trauma, for most children and adolescents, is within several weeks or months; however, there is a deficit in our understanding of normal trajectories of recovery for different aged children. I agree with the A.P.A. that as we continue to learn about such patterns of resilience, appropriate interventions can be planned in a timely manner.

This consideration of serious reactions to trauma which may result in P.T.S.D. forms a significant backdrop to the spectrum of possible effects of a Critical Incident. Jimerson et al. (2005) state: "There are a variety of crisis preparedness and intervention models and strategies

available to address crisis situations" (p.275). The following discussions explore the range of possible interventions to support psychological coping post-Critical Incident.

2.4 Psychological Debriefing (P.D.)

There is some variation in terminology when describing P.D.:

Psychological Debriefing (P.D.)

Critical Incident Debriefing (C.I.D.)

Critical Incident Stress Management (C.I.S.M.)

Critical Incident Stress Debriefing (C.I.S.D.)

These descriptors essentially share some similar generic meaning. However P.D., for example, can be applied quite specifically in certain cases, such as Sijbrandij et al. (2006) referring to the approach of educational debriefing and Szumilas et al. (2010) acknowledging that:

> Critical Incident Stress Debriefing and Management are interventions for psychological debriefing often used in schools for students affected by suicide, accidental death and trauma. (p.883)

Mitchell (1983) is credited with introducing the term Critical Incident Stress Debriefing (C.I.S.D). The Mitchell model of C.I.S.D. was initially developed to support 'front line' members of the emergency services. Mitchell's debriefing model was designed for use with adults. However, the model was modified, refined and adapted by Dyregrov (2008) for use with children and young people.

According to Dyregrov (1989):

> A psychological debriefing is a group meeting to review the impressions and reactions that survivors, bereaved or helpers experience during or following critical incidents, accidents and disasters. The meeting aims at reducing unnecessary psychological after-effects. (p.25)

Although Dyregrov's approach arises from Mitchell's model, there is a subtle difference between their aims, namely:

> A critical incident stress debriefing will generally alleviate the acute stress responses which appear at the scene and immediately afterwards and will eliminate, or at least inhibit, delayed stress reactions. (Mitchell, 1983, p.36)

Whereas Dyregrov (1997) suggests that:

> It aims to prevent unnecessary after-effects, accelerate normal recovery, stimulate group cohesion (in work groups or natural groups), normalize reaction, stimulate emotional ventilation, and promote a cognitive "grip" on the situation. (p.589)

Dyregrov's model seems to have the potential to adequately support psychological coping post-Critical Incident. However, Dyregrov (2001) recognises the sensitive stressful nature of trauma in families and highlights the negative consequences of short interventions and subsequent withdrawal without adequate follow through. He emphasises the responsibility within the human helping relationship and the skills required for specific effective intervention.

Parkinson (1997) reflects the essence of C.I.D.:

> A cognitively based model which aims to help those involved to integrate the incident into their experience and into their lives. (p.1)

Parkinson (1997) introduces the Three-stage Revised Debriefing Model which is simplified into Facts, Feelings and Future, plus an introduction and ending. There is a greater emphasis on what was happening pre-incident, when compared with Mitchell and Dyregrov's models. This revised model has been adopted by the C.I.R.T. in their practice when supporting schools.

Bisson (2003) highlights Raphael's (1986) less structured approach to P.D. In common with the previously described models, Raphael's is intended for group intervention for trauma victims. However, she advocated specific topics which may be appropriately considered during debriefing for example personally experienced disaster stressors, such as the victims and their problems. On occasions a less structured approach with P.D. could be utilised by C.I.R.T. in the school context.

As a C.I. in a school community affects both adults and children, it is important to understand the implementation of P.D. with both groups and the interface between them.

Psychological Debriefing with Adults:

Mitchell's model of C.I.S.D. was developed as an individual or group intervention which consisted of six phases, namely: *introductory – fact – feelings – symptom – teaching and re-entry.*

Over the past decade or so several proponents of C.I.S.D. have reported positive gains from the use and application of the intervention. Hokanson and Wirth (2000) conducted an evaluation of the efficacy of C.I.S.D. amongst fire emergency personnel and findings were encouraging:

> Those debriefed recovered significantly faster than those not debriefed and most individuals would recommend the debriefing process to others. (p.255)

Similarly Everly et al. (1999) reported the alleviating effects of P.D. for emergency workers at risk of vicarious trauma. Chemtob et al. (1997) investigated whether P.D. was a useful intervention to conduct with victims of disaster:

> …this post-disaster intervention contributed to a substantial reduction in hurricane-related distress that was attributable, at least in part, to the intervention. (p.417)

In contrast, several studies have reported the practice of C.I.S.D. as problematic and ineffective. Indeed Hobbs et al. (1996) in their R.C.T. of P.D. for victims of road traffic accidents concluded:

> Psychiatric morbidity was substantial four months after injury, with no evidence that debriefing had helped and, indeed indications that it might have been disadvantageous. (p.1439)

Similarly, Bisson et al. (1997) in their R.C.T. of P.D. for victims of acute burn trauma suggest:

> Individual / couple psychological debriefing does not prevent the development of psychological sequelae following acute burn trauma, and may cause harm. (p.80)

A large scale Randomised Controlled Trial (R.C.T.) was conducted by Rose et al. (1999) who investigated the use of P.D. with victims of violent crime. They concluded:

> No evidence was found to support the efficacy of brief one-session interventions for preventing post-traumatic symptoms in individual victims of violent crime. (p.793)

Similar findings were reported by Conlon et al. (1999) in their R.C.T. of psychological debriefing for P.T.S.D. in ambulant victims of road traffic accidents:

> Our results are in agreement with reported randomised controlled trials in this area, all of which have failed to show any prophylactic benefit from P.D. in trauma victims. (p.43)

Mayou et al. (2000), in a three year follow-up of an R.C.T. in debriefing for road traffic accident victims, found that P.D. even has the potential to be harmful to those that receive it:

> Psychological debriefing is ineffective and has adverse long-term effects. It is not an appropriate treatment for trauma victims. (p.589)

Rose et al. (2002) advised that "Compulsory debriefing of victims of trauma should cease." (p.2)

Furthermore, the National Institute for Clinical Excellence (N.I.C.E.), in their 2005 guidance for P.T.S.D. concluded:

> For individuals who have experienced a traumatic event, the systematic provision to that individual alone of brief, single session interventions (often referred to as debriefing) that focus on the traumatic incident, should not be routine practice when delivering services. (p.4)

The majority of research investigating the efficacy of P.D. tends to focus on the reduction of P.T.S.D. as the sole outcome measure. The prevalence of P.T.S.D. however is not the only measure of effectiveness, with other measures such as resilience and socially competent functioning being equally important; I feel these could be overlooked due to the possible 'over-emphasis' on P.T.S.D. because such other measures are difficult to assess. A study however was attempted by Deahl et al. (2000), cited by Wessely and Deahl (2003), whereby group debriefing in the naturalistic setting using a broader range of measures was conducted. The results were encouraging insofar as positive outcomes were reported. Deahl et al. (2001) challenged the view that P.D. is ineffective.

A very different and perhaps controversial perspective is cited by Arendt and Elklit (2001), whereby the effectiveness of P.D. is linked to economic return, such as reducing turnover or saving resources.

This overview of P.D. with adults has opened up the opportunity to explore its potential with Children and Young People (C&YP.).

Psychological Debriefing with Children and Young People:

More recently the application of P.D. with C&YP. has been debated:

> …given the lack of school-based research on effectiveness of C.I.S.D./C.I.S.M./P.D. interventions, and given the presence of evidence for their ineffectiveness and potential harm in adults, we argue that there is no compelling reason to support their provision to individuals after trauma, including children and adolescents in school settings. (Wei et al., 2010, p.344)

Compared with available literature regarding adults, P.D. with C&YP. has generated relatively less material to date. As with adults, most research has attempted to investigate the effectiveness of P.D. with C&YP., insofar as whether it prolongs P.T.S.D.

Indeed P.D. with C&YP. presents its own inherent difficulties, including ethical issues such as the child's age and who elicits the child's voice in terms of gaining their consent to talk to an unfamiliar adult.

Significantly, Stallard and Salter (2003) conducted a comprehensive review of the use of P.D. with children and adolescents. They suggested that:

> Debriefing has a compelling and widespread appeal as an acceptable, moral, ethical and humane response to help those involved in traumatic events. (p.445)

Stallard and Salter accept that P.D. is considered controversial by many; however they did not find any evidence to suggest that P.D. is harmful when used with C&YP.

Stallard et al. (2006) conducted a further study incorporating an R.C.T. using a debriefing format with R.T.A. (Road Traffic Accident) child trauma victims. The authors found little or no difference between intervention and no intervention and furthermore pointed out that:

> This would suggest that this form of early intervention with child road traffic accident survivors provided four weeks after a traumatic event was not effective, a finding that is consistent with the conclusion of the Cochrane review (Rose et al., 2003, p.131).

However, the intervention was well outside the twenty four to seventy two hours window that was initially advised by Mitchell (1983). However, one has to be mindful not to attribute features, such as 'timing', from what is essentially an adult model and assume that the same timing is appropriate to adopt with C&YP.

Rady et al. (2010) specifically consider psychological debriefing for C&YP. in the group, family or individual contexts and emphasise the importance of involving parents in support for their child/children and indeed for their own support.

It is interesting that more recently, a psychological intervention approach by Zehnder et al. (2010) carries certain features akin to P.D. They reported that a single-session early intervention for children involved in R.T.A.s was "effective in decreasing depressive symptoms and behavioural problems." (p.1) Zehnder et al. (2010) reported an 'age-specific' benefit found particularly in younger children. Their methodology consists of the following four-step process that was used with the participants aged between seven and sixteen years:

1   Detailed reconstruction of the accident and creation of a trauma narrative…
2   Identification of accident related appraisals…
3   Psychoeducation: Information on common stress reactions was given to normalise the child's early reactions…
4   Leaflet: As a last step, the child and the parents were given written information on post-traumatic stress disorder and a contact address… (p.5).

Zehnder et al. (2010) reported that intervention with the child and at least one parent began around ten days after the R.T.A. The intervention showed a positive benefit for pre-adolescent children.

However P.D. is interpreted, perhaps certain factors influence its effectiveness. Casswell (1997) reflects on the aftermath of a school-bus crash: "The subsequent responses (e.g. debriefing, counselling) will work only if there is adequate planning, close liaison with the school staff and good interagency cooperation. There is never a right time for a disaster to occur…" (p.522). Everly and Mitchell (2000) explore an evolving climate of opinion that suggests debriefing as part of a multi-faceted approach to crisis intervention can be positive. However, I feel that this may still depend upon considering the suitability of the application of P.D. to each individual case.

In a meta-analysis of single session debriefing, Van Emmerik et al. (2002) consider the relationship between debriefing and natural support process post-trauma; maybe the debriefing could cause victims to bypass immediate support from family or friends. I feel that available positive social support should be encouraged, whatever the intervention by C.I.R.T.

The P.D. debate continues as exemplified by Kenardy and Carr (2000) in their debriefing following a major earthquake:

> …one of the key concerns about debriefing is that the intervention is either not having an impact on any factor that is relevant to recovery, or that it is focussing on the wrong target. (p.179)

And Wesseley and Deahl (2003):

> Psychological debriefing was never intended to be a stand-alone intervention-rather it should be but one part of a comprehensive stress management package that enables individuals to receive follow-up, an assessment of individual need and practical support, as well as allowing the early detection and prompt treatment of established PTSD and other disorders. Abandoning psychological debriefing sends out the dangerous message that doing nothing for individuals following traumatic events is acceptable. (p.14)

Hawker et al. (2011) remind us of the original intended purpose of P.D., which is for groups of people working in stressful situations being briefed together; they call for further research to be conducted with such occupational groups. However, Aucott and Soni (2016), discussing C.I.S.D. in schools, reflect:

> …it seems that an intervention that was developed for specific groups, such as emergency services personnel, has been applied to schools with little evaluation to support its effectiveness and appropriateness of this population. (p.90)

Amongst the equally well-known approaches, and an alternative to psychological debriefing, is Cognitive Behaviour Therapy (C.B.T.).

2.5 Cognitive Behaviour Therapy (C.B.T.)

The basic model of C.B.T. is contextualised around a particular situation; the model is followed through by the interplay between thoughts/beliefs, emotions and the resultant behaviour. The aim is to modify behaviour through cognitive restructuring. C.B.T. is widely used with both adults and young people and evidence suggests that this approach is effective in reducing the onset of post-traumatic stress disorder. It seems that P.T.S.D. is seen as a key measure utilised in evidencing the effectiveness of interventions, in the fields of both P.D. and C.B.T.

Positive effects of the application of C.B.T. in adult studies, showing a reduction in the symptoms associated with P.T.S.D., include Ehlers and Clarke (2003), Sijbrandij et al. (2007) and Bramham et al. (2009). Bryant et al. (1999) indicate C.B.T.'s potential application for both prevention and treatment:

> …acute stress disorder can be effectively treated, and P.T.S.D. prevented, with a brief intervention of cognitive behaviour therapy in the acute posttrauma phase. (p.1784)

Studies have shown a positive effect of the application of C.B.T. with children and young people (C&YP.). An R.C.T. conducted by Stein et al. (2003) with school children exposed to violence reported that C.B.T. was useful in reducing the symptoms of P.T.S.D. Giannopoulou et al. (2006) added to the evidence by reporting positive outcomes in applying C.B.T. with children showing P.T.S.D. symptoms who were victims of an earthquake. Smith et al. (2007) describe individual trauma-focussed C.B.T. as an effective treatment for P.T.S.D. where C&YP. have experienced single-incident traumatic events, such as vehicle accidents or witnessing violence. More specifically, Meiser-Stedman (2002) explores children's memories of traumatic events in relation to P.T.S.D. and cognitive processes for example.

Although C.B.T. "…is a highly effective way of fixing people quickly." (McLeod, 1998, p.81), there are concerns surrounding its implementation. This is partially due to a lack of awareness of the key therapeutic relationship required between the therapist and the client, according to McLeod. He also cites Beidel and Turner (1986) who suggest that C.B.T. could be improved by understanding new developments in cognitive psychology. I feel that given our understanding of psychological responses to trauma, that implementing a 'quick fix' approach raises questions of appropriateness. Stallard (2002) recommends that further research is needed so that a more informed consideration of the developmental status of C&YP. and the role of parents, for example, contributes to C.B.T. delivery.

The climate of opinion seems to be that C.B.T. when compared to P.D. is more positively effective and indeed more suitable in the field of interventions post-trauma, especially when measured in relation to P.T.S.D. Belaise et al. (2005) consider alternatives to debriefing and modifications to C.B.T. for P.T.S.D. and discuss, for example, the importance of well-being in relationship to adversity and recovery.

Trickey (2013), a proponent of C.B.T., emphasises its capability in enabling stressors to be "out into the open" with therapeutic support, which leads to helpful meaning and a decrease in distress and improvement in functioning.

More recently Psychological First Aid (P.F.A.) has been explored as an alternative approach to post-trauma support.

2.6 Psychological First Aid (P.F.A.)

As with P.D. and C.B.T., the evolution of Psychological First Aid (P.F.A.) lies within the mental health/medical disciplines rather than specifically education. Vernberg et al. (2008) describe the development of the P.F.A. Guide (Brymer et al., 2006). It was designed to be a

compilation of good practice in order to support the needs of children, adults and families who have experienced an extreme disaster, such as a terrorist attack. Allen et al. (2010) stress the importance that the Guide was more than a therapy handbook; perhaps the use of P.F.A. is therefore more widely accessible than the specialisms of P.D. or C.B.T.

It aims to enhance social relationships involving psychological factors, such as enabling group cohesion, developing resilience and survival strategies. The wider aim of this approach is made explicit by the authors:

> …to provide psychoeducation to survivors about stress reactions and coping to reduce distress and promote adaptive functioning. (Vernberg et al., 2008, p.384).

The authors outline four principal standards that are considered an integral part of the P.F.A. approach:

> 1). Consistent with research evidence on risk and resilience following trauma.
> 2). Applicable and practical in field settings.
> 3). Appropriate for developmental levels across the lifespan.
> 4). Culturally informed and deliverable in a flexible manner. (Vernberg et al., 2008, p.382).

P.F.A. eclectically acknowledges that reactions to trauma are varied, such as: physical, psychological, behavioural or spiritual; some responses may cause disruption which will affect adaptive coping, and recovery may be helped by P.F.A. support (Brymer et al., 2006). A distinctive characteristic of P.F.A. as compared with P.D. and C.B.T. is its immediacy as a first response approach. Also significantly the P.F.A. Field Operations Guide (2006) suggests that P.F.A. may be delivered by school crisis response teams, amongst others. Also Vernberg et al. (2008) state that P.F.A. is designed to be applied in a range of diverse settings, including: schools, hospitals, homes, community centres, field hospitals, general population shelters and others. I would argue that if P.F.A. may be applied in schools and other education settings, it seems feasible that education professionals should continue to develop its application as part of intervention and professional practice.

Indeed Pynoos and Nader (1988) comprehensively present their application of P.F.A. in school settings with children exposed to community violence. Their goals involve restoring the school community, providing specific help to individuals and groups and providing age-appropriate P.F.A. for children. Examples of the latter include: specific first aid support being linked to symptomatic responses such as the re-establishment of adult protective shields to treat children's generalised fear or the provision of emotional labels for common reactions to treat the difficulty of identifying what is bothering children. It is evident that they "…provide examples on how systematic inquiry can begin to suggest intervention strategies for psychological first aid and treatment." (p.472); however they do acknowledge that scientific methods of efficacy will enhance their study. It is important, I feel, that P.F.A., as a response to psychological crisis, must always be mindful of the potential chaos caused as the result of a C.I. and therefore some scientific methods and outcomes may not always be possible.

Vernberg et al. (2008) acknowledge that P.F.A. is scaffolded upon the basic principles of Hobfoll et al. (2007). These principles I have previously discussed in Section 2.3. Vernberg et al. highlight this application particularly because of the broad empirical base of Hobfoll et al.'s approach, which facilitates positive adaptation towards normality following trauma. P.F.A., for example, promotes contact and engagement, stabilization, information on coping and linkage with collaborative services.

P.F.A. seems to takes a pragmatic approach and seeks to work alongside other immediate responders; Everly et al. (2006), when discussing group P.F.A., recognise that the need for physical first aid may be in parallel with a P.F.A. need. Indeed:

> Although PFA involves initially attending to basic needs, such as food, shelter, safety, and referral, the use of PFA by psychiatrists in acute disaster settings may eventually lead to more specific assessment, diagnosis, and therapeutic interventions as the disaster phases unfold and psychiatric illness emerges. (Kantor and Beckert, 2011, p.209)

Perhaps reinforcing this perception are Allen et al. (2010) who, when examining the perceptions of the providers of P.F.A., ironically found that interestingly "…the most "psychological" of the P.F.A. core actions, was perceived as one of the least helpful core actions." (p.512) whereas the most helpful core action was contact and engagement.

McNally et al. (2003) agree that the P.F.A. approach to:

> …assess trauma survivors' needs and offer support as necessary, without forcing
> survivors to disclose their personal thoughts and feelings about the event." (p.45)

for example, has been reinforced in published recommendations. However, they suggest that research to evaluate the effectiveness of P.F.A. is required. It is hoped by Ruzek et al. (2007) that the P.F.A. Field Operations Guide itself will stimulate research into the efficacy of P.F.A. The study by Bisson and Lewis (2009) concludes that it is impossible to decide whether P.F.A. is effective or not due to the lack of quantitative data. I would suggest perhaps a more qualitative approach may elicit some substantial evidence when assessing the success of Brymer et al.'s (2006) P.F.A. outcome goals for example. Furthermore, Dieltjens et al. (2014), in their systematic literature search on P.F.A., conclude:

> Although PFA is considered to be an important approach for disaster-affected
> populations, there is a complete lack of high-quality experimental and observational
> studies on the effectiveness of PFA in the immediate aftermath of a disaster. (p.10)

Jacobs and Meyer (2006), highlight positive characteristics of P.F.A. including being relevant to daily life and the community, its sustainability and being appropriate for population variables such as culture and special needs.

The following discussion briefly acknowledges some further therapies which may offer support post-trauma.

2.7 Other Therapies

Field et al. (1996) cite some other treatment techniques to alleviate P.T.S.D. in children, in this case following a natural disaster, such as: drawings, play therapy, group psychotherapy and incident-specific treatment (Frederick, 1985). Clearly there is a plethora of available therapies beyond the more conventional choices.

As previously discussed when offering support to children post-trauma, developmental considerations are intrinsic to its effectiveness. This is illustrated by the 'child-friendly' approach of play therapy. Webb (2011) is a proponent of the use of play therapy to help children following the death of a significant other, justifying this through acknowledging "…children do not have either the emotional or cognitive ability to fully understand and process their upsetting responses." (p.132) However she describes how the acceptability and effectiveness of play therapy can be increased through adapting strategies to reflect the family, school and community context for example conjoint parent-child play therapy or school-based group therapy as appropriate. A specialised form of play therapy is sand tray therapy. Draper et al. (2003) describe the beneficial use of sand tray group counselling with adolescents, for example. They conclude that "The opportunity to create concrete representations of the issues that are pressing for students by using the sand tray approach is unique to this metaphorical approach." (p.257) I feel this metaphorical approach could be useful to address psychological coping following a C.I. However, although its open-ended style can facilitate flexible outcomes, one must be mindful of the potential challenges of a less structured approach, compared with P.D. and C.B.T., for example. Draper et al. (2003) suggest "Although research exists that supports the efficacy of play therapy approaches in general… sand tray therapy specifically has not been the subject of as much empirical study." (p.259)

A further available medium through which children's responses to trauma can be expressed is that of drawing. Indeed Gross and Hayne (1998) found "…that drawing may facilitate young children's ability to talk about their emotional experiences in both clinical and legal contexts." (p.163). The focus of their research is particularly relevant to emotionally laden events, which perhaps could include C.I.s. Field et al. (1996), for example, effectively used self-drawings as a measure at the beginning and end of their study exploring P.T.S.D. and massage therapy.

Field et al. (1996) specifically researched the effect of massage therapy. The children, who were experiencing P.T.S.D. following a natural disaster, received massage therapy and reported being happier and less anxious and had lower salivary cortisol levels compared with the control group, although the authors acknowledge the absence of similar treatment studies in P.T.S.D. literature.

An alternative intervention can be the use of animal therapy. Melson and Fine (2010) describe the positive involvement of animals with children who have limited verbal expression or are traumatised and lack the capacity to use symbolisation (Parish-Plass, 2008). As with all therapies, appropriateness and suitability must always be considered when applying interventions.

The potential of trauma-informed drama therapy is described by Sajnanin and Johnson (2014) whereby theatrical tools provide a wider therapeutic capacity than instructions in real space, such as used by C.B.T. Other characteristics of drama therapy such as reversing roles, spontaneous play and humour and pleasure enable a deepening engagement with the therapeutic work especially for children, according to Sajnanin and Johnson (2014). Perhaps if drama is not the most natural of psychological interventions for some professionals, possibly puppets, story-telling or dramatic play could be utilised.

Bennett et al. (2010), in discussing the spiritual dimension of education, state: "…spiritual resilience has been linked to mental health which enables us to enjoy life and survive pain, disappointment and sadness (NHS, 2004)." (p.33) Jerome (2011) maintains that:

> Although psychological strategies are typically aimed at helping individuals gain more control in a seemingly uncontrollable situation, spiritual-mindedness assists children in increasing hope and optimism, accepting their situation with the support of others, and finding meaning… (p.198)

It is pertinent that, in the following section on post-traumatic growth, spiritual change is one of the five key domains, suggested by Meyerson et al. (2011).

The preceding discussion of possible interventions has explored their supportive contribution to psychological coping post-C.I. More recently, a significant debate has emerged regarding post-traumatic growth (P.T.G.).

2.8 Post-traumatic Growth (P.T.G.)

Helgeson et al. (2006) conducted an extensive meta-analysis which included the concept of post-traumatic growth:

> Over the past decade, researchers have moved away from an exclusive focus on the negative aftermath following traumatic events. There is now a large and growing literature that documents that people with cancer, parents of children with severe health problems, people who have suffered a heart attack, and people who have served in war, to name a few, identified positive ways in which their lives have changed as a result of the traumatic event. The names that have been assigned to these positive changes vary tremendously but are most frequently referred to as "posttraumatic growth," "stress-related growth," or "benefit finding." (p.797)

Meyerson et al. (2011) describe P.T.G. as "positive change experienced as a result of the struggle with trauma." (p.949) This illustrates how the phenomenon of P.T.G. is a paradigm shift from the traditional focus upon the negative outcomes of trauma-induced adversity.

Linley and Joseph (2004) recognise the term adversarial growth which embraces the phraseology of P.T.G.: stress-related growth, thriving, positive adjustment, positive by-products and positive adaptation, for example. They feel that a focus solely on the negative

sequelae of trauma can result in a biased interpretation of post-traumatic reactions; a balanced understanding should include the possibility of positive as well as negative change post-trauma, that is, through adversarial growth. Linley and Joseph state that it is:

> …through this process of struggling with adversity that changes may arise that propel the individual to a higher level of functioning than that which existed prior to the event. (p.11)

Therefore I feel that the phenomenon of P.T.G. widens the spectrum of possible outcomes post-trauma; potentially within a school community, psychological consequences could range from P.T.S.D. to P.T.G., for example.

Definitions of P.T.G. continue to evolve; however it is clear from the outset that it is distinct from resilience. Clay et al. (2009) discuss the relationship between P.T.G. and definitions of resilience and conclude "…resilience is not about going beyond previous levels of functioning but about maintaining current functioning despite adversity." (p.413)

"The positive changes of P.T.G. are generally thought to occur in five domains: new possibilities, relating to others, personal strengths, appreciation of life, and spiritual change." (Meyerson et al., 2011, p.949). Joseph (2012) reports that people's accounts of improved psychological functioning post-trauma can be summarised in three ways: 1. Improvement in relationships 2. Positive changes in self-perception 3. Positive philosophical outlook. Schaefer and Moos (1992) cited by Park et al. (1996) include a positive development in coping skills, in addition to enhanced social and personal resources in their stress-related positive outcomes. The very nature of P.T.G. means that outcomes are inevitable over a longer term. This presents challenges both for the helper and the researcher whilst journeying with the client who has experienced trauma. There have been recent attempts to research P.T.G.: Wolchik et al. (2008) researched predictors of P.T.G. in parentally bereaved adolescents and young adults in a six year longitudinal study, for example. "Controlling for time since death, threat

appraisals, active coping, avoidant coping, seeking support from parents or guardians, seeking support from other adults were significant predictors of posttraumatic growth six years later." (p.119)

Durkin and Joseph (2009) explore the relationship between subjective well-being (S.W-B.) and psychological well-being (P.W-B.) in relation to P.T.G. Their empirical evidence showed that P.W-B. overrides S.W-B. in growth following adversity. This supports "…the theoretical position that growth can be regarded as a developmental process of self-motivated engagement rather than a restorative process of emotion regulation and symptom management." (p.232) Interestingly, Frazier and Kaler (2006) attempt to assess the validity of self-reported stress related growth. They describe the prevalence of self-reports of stress-related growth; however there is concern over the validity of such reports and indeed whether they can be taken at "face value". Perhaps most significantly, Frazier and Kaler cite the concern over people's accuracy in assessing the extent to which they have changed over time (Tennen and Affleck, 2005). Perhaps a combination of approaches to assessing P.T.G. is useful: "Research should continue to link self-reports of growth with external indicators of growth, such as behavioural indexes of growth or corroborative reports by significant others (e.g., Park, Cohen, and Murch, 1996)." (Park and Helgeson, 2006, p.795)

Many interventions to date seek to alleviate P.T.S.D. or other negative reactions to trauma. It seems however that there is much scope to develop interventions to support P.T.G. Perhaps certain interventions could be adapted to extend their effects directly to promote P.T.G., rather than P.T.G. possibly being an indirect by-product of the intervention. An example is the 'Seasons for Growth' intervention evaluated by Riley (2012). It is interesting that self-concept is included within the pupils' self-ratings, this being a key consideration in P.T.G. The

programme had a positive impact on pupils' emotional health and, although designed to promote normalisation, this indicates its possible potential to support P.T.G.

 As with any intervention there are wider implications to be considered. Milam et al. (2004) raise questions as to whether chronological age or stage of cognitive development influences P.T.G. Also they highlight the possibility that P.T.G. might benefit health.

Linley and Joseph (2004) agree that P.T.G. alleviates distress which in turn could enable therapeutic change for victims. However, "…on the basis of this early evidence, it remains too early to make prescriptive recommendations." (p.18) Clay et al. (2009) suggest criticism regarding P.T.G. specifically with children and young people. They identify the need for a rigorous child-focussed measure to be used for tracking P.T.G. intervention. Also they advocate that future research should actively seek to develop interventions to encourage positive outcomes. Clay et al. (2009) acknowledge the lack of studies regarding child P.T.G. and they identify the tacit understanding that the theory of P.T.G. assumes that children are capable of adopting positive beliefs into their pre-existing schemas. Despite these challenges, they advocate that interventions with C&YP. post-trauma should include a focus on the positive changes which may be realised.

The evolving recognition of P.T.G. is an area which I feel, although lacking in research, presents a new approach when supporting psychological coping post-C.I. Joseph (2012) indicates the potential for a turnaround in thinking; perhaps a focus on P.T.G. in parallel with the conventional approach of recognising the negative impact of P.T.S.D. is a way forward.

> Psychologists are beginning to realise that post-traumatic stress following trauma is not always a sign of disorder. Instead, post-traumatic stress can signal that the person is going through a normal and natural emotional struggle to rebuild their lives and make sense of what has befallen them. Sadly it often takes a tragic event in our lives before we make such changes. Survivors have much to teach those of us who haven't experienced such traumas about how to live. (Joseph, 2012, p.819)

Having discussed the literature regarding trauma and psychological perspectives, Post-traumatic stress disorder, the interventions of psychological debriefing, cognitive behaviour therapy, psychological first aid and other therapies and the outcome of post-traumatic growth, an examination of literature follows to contextualise the review within the school setting.

2.9 School Context

Barclay (2004) argues that schools need to recognise that C.I.s occur and the effects can be devastating for all of the school community. Barclay quotes the Irish National Teachers' Organisation and Ulster Teachers' Union (2000):

> Some schools want to ignore such events and rush into an apparent normality by trying to ignore the full impact of the incident, confusing pupils and staff who are still struggling with their reactions. (p.298)

There is a requirement for schools to take responsibility for C&YP.'s well-being.

The promotion of pupils' well-being is stipulated in Section 38(8) of the Education and Inspections Act (2006). The National Healthy School Standard (NHSS, 2000) is a government initiative based on a 'whole-school' approach to promote pupil's health and well-being, which includes the provision of pastoral care and support for pupils that have been bereaved. Indeed, such well-being is considered important as in Ofsted's judgements of children's welfare or Ivens' (2007) School Children's Happiness Inventory. Perhaps raising the profile of PSHE (Personal, Social and Health Education) in schools may contribute to their preparedness for a C.I.

Johnson (1989) recognises that crisis events in schools can be on an individual personal scale or group scale. Regarding the latter, he states that "Events affecting the entire class have far-ranging effect in terms of classroom cohesiveness, school performance, learning, interpersonal relationships, behavior out of school, and the tendency toward behavioral problems later on." (p.63) Abdelnoor and Hollins (2004) assessed the effect of childhood

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bereavement on secondary school pupils, finding that loss was a robust contributor in underachievement. However, school attendance seemed unaffected. Perhaps Johnson's (1989) assertion that schools fulfil a socialising and normalising role in children's lives is manifest here.

C.I.s that affect schools can take many forms which impact upon reactions, responses and outcomes. I present a few examples from the literature. Klingman (1987) classifies a tragic transport collision as a mass school disaster and describes the importance of coordinated intervention in the mass emergency situation. Another large scale disaster was that of Aberfan, a totally unexpected event. The survivors have been followed-up thirty three years later by Morgan et al. (2003), illustrating that the effects of such trauma can be long-term and therefore interventions need to take account of this. Specific incidents, such as children being taken hostage in their school, as cited by Vila et al. (1999), can precipitate the need for intervention to support those exposed indirectly to the C.I. Surely this has implications for deployment of support, as both direct and indirect exposure to an incident needs to be considered. Individual cases as exemplified by Balk et al. (2011) require personalised intervention. In grief support for adolescents coping with a peer's death, Balk et al. stipulate contextual considerations, such as the role of peers in adolescent development and the fact that an adolescent peer's death is untimely in developed countries. A further consideration is highlighted by Sormanti and Ballan (2011), where the consideration of grief in children with developmental disabilities is identified as lacking in research.

Indeed Parkinson (1997) identifies three variables which influence reactions to traumatic events, the first of which is the nature of the incident. In addition he identifies the character and personality of those involved as being significant and the preparation/support before, during and after the incident.

Whether a C.I. happens within school or outside of school, it will have an impact on the school community. Although inevitably a range of people will often be involved in responding to a C.I., it is the school's response itself that is pertinent to my research. Johnson (1989) sets out the rationale for school personnel to be involved in pupils' crises specifically. He promotes effective intervention which can significantly affect the outcome of the experience. Staff background knowledge and generic understanding of C.I.s is useful and staff can provide early intervention, coordination and follow-through with the school community, that is pupils, staff and parents (Johnson, 1989). Reid and Dixon (1999) state:

> …school teachers are in a unique position to assist grieving children because children are most likely to select someone they know with whom to discuss their loss. (p.219)

Regarding school staff responding to a C.I., Reid and Dixon (1999), reflecting on research, comment:

> …teacher attitudes regarding death and dying and their self-perceived ability to assist grieving students will impact their ability to offer assistance. (p.219)

Also Openshaw (2011) warns that any adult who offers pupil support following a C.I. may develop secondary traumatic stress and proposes that a supportive group should be available following a P.F.A. format to enable the sharing of experiences. This is a consideration in terms of a school's psychological coping post-C.I., whereby a victim often also assumes the role of a supporter.

Cohen and Mannarino (2011) discuss the process of a school responding to traumatic grief in children. They present this through the model of Childhood Traumatic Grief. Their approach combines the internal school support mechanisms with the referral to other helping professionals as appropriate. The initial stage involves clear identification of traumatic grief symptoms; these offer a specific child-centred/school-centred perspective on the wider psychological responses that have been previously discussed. Initial symptoms may include

re-experiencing, avoidance, hyperarousal, emotional/behavioural deregulation, maladaptive rationalisation and learning problems. However Dyregrov (2008) recognises the unique resource of teachers in the aftermath of a C.I., identifying their rapport with the school class culture, their expertise in providing knowledge and their understanding of the pedagogy of expression in children, for example.

> No-one can predict when a disaster will occur: and thinking ahead and planning will not *make* the disaster happen. Forward planning, however, may help a school to cope better after a disaster, and it may well help reduce the distress of young people and staff. (Yule and Gold, 1993, p.viii)

Crisis emergency planning, according to Yule and Gold, prevents a crisis becoming a drama; they suggest that certain practical considerations are part of a contingency plan. These include information sharing at all levels, ensuring up-to-date personal data, delegation of roles such as a key media representative and maintaining normal routines. Specifically it is worth noting that their proposed contingency plan is punctuated with opportunities for outside support. Management meeting with support personnel/the establishment of an intervention team within hours or identifying the need for treatment, which could be weeks after the disaster are examples. They also identify short-term, medium-term and longer-term actions. Barclay (2004) again refers to the Irish National Teachers' Organisation and the Ulster Teachers' Union (2000) and agrees that "…planning is never wasted because it reviews existing systems and teachers will feel equipped to deal with trauma…" (p.311).

Yule and Gold (1993) include curriculum planning as part of preparedness for a C.I. They feel that an exploration of death and bereavement within the curriculum is preferable to children being first exposed to such difficult issues following a disaster. Perhaps C.I.R.T. could support with such curriculum development. McWhirter et al. (1998) propose two key components which would form part of a curriculum for loss and change, namely, competencies relating to emotional skills and a language of expressing feelings. The purpose

of such teaching and learning would be to prepare "…children to cope developmentally with their own and other people's experiences of loss" (p.199). More recently, Antidote's Campaign for Emotional Literacy (2003) reports on the power of emotional literacy to enhance perseverance in times of difficulty and setback; this contributes to resilience. Resilience as previously described is a key component of post-trauma recovery. Mindfulness has recently generated much interest in the field of psychology, as exemplified by Jones' (2011) overview of mindfulness in schools, whereby the contribution of such meditation-style exercises is investigated. In terms of preparedness within the curriculum, a balance between short-term strategies and long-term recovery support is essential. Jaycox et al. (2006) in their trauma tool kit reflect upon the importance of long-term recovery and schools being more aware of resources for its facilitation.

Johnson (1989) acknowledges that a school team is also responsible for liaising with outside professionals. Morrison (2007) recognises that schools are a unique context for supporting crises and that there is a lead professional who decides the course of action when presented with a C.I. The school-based crisis responder to which she refers would most likely be the Head Teacher in my research context. The course of action may involve requesting outside support such as from C.I.R.T., which would include educational psychology input. Bender (1976) however comments that "A psychologist should work out the likely pay-off of his intervention and see if it makes sense and whether it will change things." (p.53)

This overview of literature concerning the school context and trauma is now followed by a more specific consideration of educational psychology, schools and C.I.s.

2.10 Educational Psychology and C.I.s

Educational psychology in the Local Authority (L.A.) context has the potential to offer support as a crisis intervention service post-trauma. However, models of service delivery may vary between L.A.s.

Mallon and Best (1995) describe the rapid response to a school C.I. within an L.A.; however, they criticise the lack of initial coordination and resultant inefficiency. They recommend that L.A. services need to be aware of their roles in order that overlap of effort does not occur. They also advocate appropriate training specific to professional roles and regular communication and review between key decision-makers, including the Principal Educational Psychologist (P.E.P.). More recently, I have observed that there exists a higher level of multi-agency working across L.A. services; however the very nature of C.I.s can present challenges in response practice. Posada (2006) reports upon the multi-agency involvement of educational psychologists (E.P.s) in formulating L.A. emergency planning, especially regarding the psycho/social domain. She feels that E.P.s have much to contribute by virtue of their possible knowledge of the local area, transferable expertise in the areas of stress and crisis intervention in schools and a background in inter-agency collaboration. The latter could be further enhanced, she suggests, by integrated working between E.P.s and clinical psychologists.

In terms of responding to C.I.s in schools, O'Hara et al. (1994) pose the question:

> Should educational psychologists be involved in this kind of work, or should we refer to other specialist organisations? (p.29)

They argue that E.P.s certainly should plan for these events and be responsive in such crises. O'Hara et al. (1994) feel that the E.P.'s perspective offers a unique "…sensitivity to the needs of the community" (p.29), such as taking into account, home, school and church. I agree with

O'Hara et al. (1994) that E.P.s, in their particular relational role, should be prepared for such critical events and respond accordingly.

Within L.A. educational psychology services, effective leadership and management impacts upon service delivery. Mallon and Best (1995) suggest a designated E.P. takes responsibility for C.I. development. They also suggest that all E.P.s should have training "… to prepare them to help victims of disaster including counselling skills, desensitisation procedures and coping strategies to offset the development/ minimise the effects of post-traumatic stress." (p.236); I would also add P.T.G. to any training package. Mallon and Best (1995) advocate effective record-keeping regarding C.I.s, which enables efficiency. Aucott and Soni (2016) highlight that Beeke (2013) reported a dearth of formal evaluation of E.P.s' C.I. work in schools.

Carroll et al. (1997) present five principles which underpin an effective E.P. crisis intervention service. First, the contact made with the school should be immediate and should be by invitation only. Indeed O'Brien et al. (2011) specifically advocate C.I. intervention that is invitational rather than expectational; I agree with O'Brien et al. and the C.I.R.T. approach which is to offer rather than impose their support services. Carroll et al. (1997) continue by proposing co-working, which includes the role of an observer. The supervision for a colleague to support direct contact E.P.s is also identified and will be shortly discussed. Finally, they emphasise that E.P. support offered is short-term, with referrals to longer term counselling being arranged as appropriate. However Leaman (1995) raises his concern regarding the temporary nature of such short-term interventions.

Kastenbaum (2000) comments:

> …there are more psychologists than ever who have placed their own feelings at risk by entering into relationships with the terminally ill, the grieving, and the suicidal. (p.24)

Such emotional engagement by E.P.s can be demanding, so finally, rather than as an afterthought, the well-being of the E.P.s themselves needs to be considered. Dyregrov and Mitchell (1992) explore the psychological effects on the rescuer working with traumatised children. Perhaps some of the coping strategies they identify, such as maintaining an element of distancing, self-reassuring comments and developing a sense of purpose are transferable for the E.P. The understanding and management of E.P.s' own stress reactions following traumatic events is highlighted by Hayes and Frederickson (2008) who emphasise the risks associated with secondary trauma. Toland and Carrigan (2011) encourage a greater consideration of resilience in E.P. service delivery. Indeed I feel the resilience of the E.P. themselves is a key protective factor in working with trauma.

Summary

This chapter has attempted to present a critical overview of relevant literature concerning the key topics of Critical Incidents, schools and psychology, with the purpose of informing the aim of the research. The aim of this research is to explore how schools cope psychologically with a C.I., and the literature pertaining to psychological perspectives and trauma including P.T.S.D. has contributed towards forming a framework for my field of study. My reading around the school context widened my perspective to school experiences beyond the L.A. of my research and I selected literature of particular relevance. However, my search concluded that C.I. literature associated with schools was limited and indeed is an area in need of further

research. My research aim particularly refers to decision-making regarding outside support and specific literature in this domain was sparse. So after exploring pertinent definitions, the literature review journeyed through the psychological perspectives of background, responses and interventions. This was followed by an examination of the pivotal area of P.T.S.D. Key psychological interventions were then analysed, namely P.D., C.B.T. and P.F.A. as well as other therapies and a discussion around P.T.G. Currently the support intervention available through the L.A. from C.I.R.T. is that of P.D. and so my analysis of the literature regarding this much debated approach is of particular interest. I suggest that the E.P. profession would benefit from more research being conducted in the area of their work relating to C.I.s.

My research aim in many senses is under-researched, namely in the context of 'whole-school' psychological coping post-C.I., with particular reference to decision-making. However, my literature review has provided a deeper insight into trauma and bereavement processes, an understanding of the P.D. debate, has enabled consideration of a range of support interventions both with children and adults and an exploration of the concept of resilience to inform my research aim.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Introduction

This chapter aims to describe the rationale of the research design and the methodology employed. It essentially provides a guide through the journey of the research process.

3.1 Aims and Purpose

The aim of this research is to explore how schools cope with a Critical Incident (C.I.). It examines support processes, particularly the response available from Critical Incident Response Team (C.I.R.T.), whilst taking account of a school's internal support and non-C.I.R.T. external support. It explores the factors contributing to a school's decision as to whether to request C.I.R.T. support following a C.I. or not.

My interest in this subject area stems from my wider professional role as coordinator for a Critical Incident Response Team (C.I.R.T.) within a Local Authority Educational Psychology Service, in the West Midlands conurbation in the UK. The C.I.R.T. service is available to schools that have experienced a Critical Incident, which can cause trauma and can have a significant effect upon the school population.

The purpose of the research is to identify common themes that reveal support processes that schools experience. I am seeking to explore these experiences, particularly between schools that did or did not request C.I.R.T. support. The research has the purpose of contributing to the analysis of the effectiveness of the C.I.R.T. service. Moreover, the research findings will be extrapolated to create guidance to be made available to support schools on how to cope in the event of a Critical Incident.

3.2 Ontology and Epistemology

The inextricably linked dimensions of ontology and epistemology are described by Opie (2004):

> Ontology is concerned with the nature or essence of things so ontological assumptions about social reality will focus on whether a person sees social reality – or aspects of the social world – as external, independent, given and objectively real, or instead, as socially constructed, subjectively experienced and the result of human thought expressed through language (p.20).

Likewise:

> Epistemology is the theory of knowledge, thus epistemological assumptions concern the nature of knowledge, what constitutes knowledge and what it is possible to know and understand and re-present (p.21).

In terms of the ontological assumptions, the 'being' component of the research investigation relates to the essence of the very nature of the social phenomena of Critical Incidents in schools. Ontologically, how is reality viewed from the position of the subject (school) relative to the object (subjective experience of a C.I.)? Cohen et al. (2007) make reference to the realist-nominalist debate, whereby the nominalist standpoint is that objects of thought are basically words or constructs with no meaning or solid grounding. Although I, due to professional responsibility, had previous exposure to social constructs or attitudes surrounding psychological coping relating to C.I.s in schools, a nominalist approach in terms of ontology was considered appropriate.

Epistemology concerns the characteristics of knowledge, its acquisition and how it transpires. According to Cohen et al. (2000): "different research paradigms are suitable for different research purposes and questions" (p.1). The socio-cultural context within which I was positioned and the nature of the social phenomenon of C.I.s being investigated, evolved into a constructivist epistemological stance.

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The anticipated 'knowledge' was to be discerned through the interpretation of the research data, constituting a plethora of predominately subjective reflections upon psychological coping responses to a C.I. I therefore adopted a constructivist approach to elicit meaning from the 'knowledge'. Robson (2002) describes the constructivist researcher as attempting "to understand the multiple social constructions of meaning and knowledge" (p.27). I was exploring the complex social constructions surrounding psychological responses to a C.I. in schools.

Therefore in terms of ontological and epistemological considerations, I concluded that a nominalist constructivist position was a best fit. The rationale for the theoretical perspective was significantly influenced by this nominalist constructivist approach.

3.3 Research Questions

The research aim for this thesis is presented as:

An exploration of how schools cope psychologically with a Critical Incident, considering support processes, with particular reference to decision-making regarding outside support, especially support available from a local authority C.I.R.T. (Critical Incident Response Team)

> To what questions is the research geared to providing answers? What do you need to know to achieve the purpose(s) of the study? What is it feasible to ask given the time and resources that you have available? (Robson, 2002, p.81)

This research reflects the trend in educational research described by Cohen et al. (2000) "towards more evaluative research, where, for instance, a researcher's task is to evaluate the effectiveness …of given policies and projects" (p.38). Such evaluative research demands a research aim of an exploratory nature which can be applied within the specific context of the field of research.

The research aim was operationalised through the formation of a set of key research sub-questions:

➢ How do **Yes Schools** cope psychologically with a C.I.?

➢ How do **No Schools** cope psychologically with a C.I.?

➢ What are the factors that influenced **Yes Schools** in the request for support post C.I.?

➢ What are the factors that influenced **No Schools** in the request for support post C.I.?

Through the research sub-questions, I am attempting to elaborate upon the factors emanating from the research aim. When one scrutinises the core areas within which the research sub-questions are embedded, there should be a clear, logical connectedness and follow-on from the research aim. Cohen et al. (2000) remind us of this important feature:

> Ensure that each main research purpose is translated into specific, concrete questions that, together, address the scope of the original research question (p.84).

I recognise the potential for further questions to arise during the process of enquiry.

3.4 Research Priorities and Constraints

The aim of the research was to gather data to be analysed and thereby discern answers to the research questions. The first priority was to plan and conduct data collection. Due to constraints, I specifically selected the Local Authority in which I practise professionally as an Educational Psychologist. Although the choice of a single geographical administrative area was limiting, the benefits of already well-established access to schools potentially enabled consenting positive responses to research participation. The constraint of the specified time period, within which the sample schools had experienced a C.I., was necessary to ensure interviews were conducted when C.I.s were in the recent past and adequate time was planned for transcription, data analysis and thesis write-up. The key data-collection instrument was limited to semi-structured interviews, conducted with the decision-makers who were

responsible for requesting support post-C.I. in the school. Indeed the capacity to interview further school stakeholders or other members of the school community would extend the data. Additional data-collection instruments could have been utilised in parallel with the semi-structured interviews, if capacity allowed. The priority to report primarily to the Local Authority and disseminate conclusions to participating schools was paramount to ensure prompt accountability.

My reflection upon the priorities and constraints of the research acknowledges "the constant decision-making that accompanies research and the practical and personal aspects of the process" (Walford, 1991, p.16).

3.5 Theoretical Perspective

According to Thomas (2009):

> The first thing to be aware of when people talk about theory in the social sciences is that there is no *one* meaning. People mean different things when they talk about it. Perhaps the clearest statement that can be made is that it refers to thinking, abstraction and generalising. Having said this, the thinking, abstraction and generalising are different in different kinds of inquiry (p.66).

Thomas' views about theory in the social sciences can be applied to the nature of enquiry into social responses to a C.I., for which there is no one meaning. I considered the potential breadth of thinking, abstraction and generalising which the C.I. enquiry may generate. The best-fit theoretical perspective adopted by myself was therefore interpretivist.

Crotty (1998, p.66) opens his chapter on interpretivism by quoting Lewis Thomas' "The Medusa and the Snail":

> We pass the word around; we ponder how the case is put by different people; we read the poetry; we mediate over the literature; we play the music; we change our minds; we reach an understanding.

Thomas' perspective resonated with myself, with its multifaceted approach to interpreting the social world.

The research aim itself, which explores psychological coping, resonates meaningfully with the interpretivist perspective. I was fully aware from the outset of the possible data outcomes, which potentially could be characterised by the participants' subjective views and possible value judgements. If I had taken a positivist standpoint, this would significantly restrict the potential depth of the data and could have been considered too reductionist in approach. I required participants to be able to retell their narratives in an uninhibited manner, avoiding possible de-contextualisation or deprivation of meaning. Indeed alternatively, a Critical Inquiry perspective would have propelled myself into being a challenging social critic rather than an understanding social interpreter.

There are certain influential dimensions of the interpretivist theoretical perspective to be considered:

Hermeneutics:

Robson (2002) describes hermeneutics as "the art and science of interpretation" (p.196) and furthermore:

> A central feature is the 'dialogic' nature of hermeneutic enquiry. The text is returned to time and time again. Initial understandings are refined through interpretation; this then raises further questions, calling for a return to the text and revision of the interpretation (p.198).

A consideration of the hermeneutics of the research aim and the accompanying sub-questions was undertaken, particularly through the pilot study. Further hermeneutical understanding embraced the characteristics of the participants' settings, the style of question presentation, the format of participant responses and the quality of the transcripts. The data processing,

such as data reduction and thematic analysis, required significant hermeneutical depth and sensitivity in interpretation. I was mindful, throughout, of the inevitable further questions that would hermeneutically arise during data collection and subsequent interpretivist analysis.

Phenomenology:

Curtis (1978), cited by Cohen et al. (2007), identifies three distinguishing features of phenomenology:

- a belief in the importance, and in a sense the primacy, of subjective consciousness;
- an understanding of consciousness as active, as meaning bestowing; and
- a claim that there are certain essential structures to consciousness of which we gain direct knowledge by a certain kind of reflection. Exactly what these structures are is a point about which phenomenologists have differed. (p.22)

The enquiry requires participants to subjectively reflect upon their personal experience of the C.I. and thereby consciously attribute it meaning and enable me to gain insightful understanding. Crotty (1998, p.78) cites Crotty (1996a) proposing "if we lay aside, as best we can, the prevailing understandings of those phenomena and revisit our immediate experience of them, possibilities for new meaning emerge for us or we witness at least an authentication and enhancement of former meaning". Indeed I was compelled to take into account the prevailing cultural or media understandings which inevitably could influence the raw phenomenon of participants' psychological coping, post-C.I.

Symbolic Interactionism:

Symbolic interactionism is essentially a method of understanding human behaviour in terms of social roles and role behaviour. The post-C.I. psychological coping is the human behaviour being investigated in the research, with the focus being upon the social roles of the decision-makers in each school. The emphasis was to understand the social forces and expectations 'at work', whilst I ensured a professional distancing from the participants. The symbolic system

of language is the vehicle through which the research interactionism develops, permeating research questions, interview dialogue, transcript interpretation and subsequent thematic analysis.

Blumer (1969), cited in Crotty (1998), identifies basic interactionist assumptions which were of interest to myself. In the context of the C.I. research and reflecting on Blumer's formulation, school decision-makers will respond to a C.I. on the basis of the meaning that it has for them. Also such meaning for decision-makers is influenced by their social interactions with colleagues. Finally, Blumer suggests that meanings are processed in an interpretive manner; I therefore gravitated towards an interpretive perspective in the C.I. research.

Overall, the research is embedded in the field of social science and, in adopting a theoretical perspective, this underpins my rationale. Scott and Usher (1996, p.18) cite Usher (1996):

> In social research, knowledge is concerned not with generalisations, prediction and control but with interpretation, meaning and illumination…

Cohen et al. (2000) summarise that:

> …the central endeavour in the context of the interpretive paradigm is to understand the subjective world of human experience. To retain the integrity of the phenomena being investigated, efforts are made to get inside the person and to understand from within. (p.22)

Heuristic Enquiry:

The methodological approach characteristics of heuristic enquiry, as described by Kleining and Witt (2000), resonate with myself. Firstly, I was open-minded in approach, ensuring a willingness for preconceptions to be challenged. Secondly, I pre-empted a range of perspectives and variation in responses to the research sub-questions, which indeed enriched the subsequent generation of themes elicited from the data. Thirdly, the analysis enabled similarities to emerge:

> The analyst starts grouping those parts of the protocols or observations which are most similar to other parts and continues to group the groups tentatively, suggesting headlines for the groups and then headlines on top of headlines thus progressing from concrete parts to a more and more abstract general whole which nonetheless keeps concrete details. (Kleining and Witt, 2000, p.3)

This particular heuristic process influenced my decision to employ a thematic analytic method. However the heuristic possibility of the topic of the research mutating during the research process, as identified by Kleining and Witt, did not significantly impact upon my research outcomes.

The approach I adopted needed to have the ability to understand the subjective data generated from participant responses, alongside my subjectivity as an insider researcher. The human experience of a C.I. is at the core of the thesis, resulting in specific human experiences such as bereavement, grief, resilience and normalisation. The interpretative paradigm offers both robustness and flexibility, which I feel adequately embraces such a range of human experiences which potentially evolve from the research. It was essential to attempt to preserve the integrity of the C.I. experiences and the interpretative approach enabled the interpretation of first-hand narratives of lived experiences. Through the interpretative approach I attempted to elicit meaning from the participants that is, the school decision-makers. Therefore the best-fit theoretical perspective for my research was that of an interpretivist paradigm.

3.6 Focus of the Research

My professional role is as a Local Authority Educational and Child Psychologist, with specific responsibility as the Critical Incident Response Team Coordinator. As C.I.R.T. Coordinator, I am aware that some schools request support post-C.I. **(Yes Schools)** whilst others do not request support post-C.I. **(No Schools)**. The focus of the research is to explore how schools cope psychologically with a C.I. and to identify the factors influencing the request for support post-C.I. The focus of the research is fundamentally embedded within a

psychological perspective exploring key features, such as decision-making processes, ability to cope, resilience, normalisation and post-traumatic responses.

3.7 Ethical Issues

> It is important to acknowledge that it can be difficult to determine all potential risks at the outset of a piece of research. However, researchers should endeavour to identify and assess all possible risks and develop protocols for risk management as an integral part of the design of the project, and ensure that appropriate levels of ethics review are sought. (The British Psychological Society, 2014, p.13)

Critical Incidents in schools, by their very definition, can present a range of challenges to those directly involved or affected and therefore the research inevitably raises ethical concerns, including risk management, as it demands a degree of perceptual sensitivity due to the trauma. During the dialogue arising from my sub-questions, participants naturally recalled their experiences through the C.I. which potentially re-exposed them to the trauma of the incident. I therefore arranged for a senior educational psychologist colleague to be willing to be contacted if any therapeutic/pastoral support for any participant was deemed by me to be useful. As I am professionally employed within the Local Authority's C.I.R.T. in which the research was conducted, an established supportive network was available for myself.

Schools, individuals and the C.I.s in the research are referred to with justifiable anonymity; however Critical Incidents are often reported in the media and the incidents themselves could be identifiable. Such anonymity provides a professional level of safeguarding, which is essential for the research participants, the wider school community and external support services, myself as the researcher, the transcriber, the graphics consultant, the University of Birmingham, the Local Authority and the wider audience. Confidentiality was assured to potential participants in the initial letter of invitation from myself (Appendix 1). All mailings pertaining to the research were designated as 'private and confidential' and for the attention of the addressee only. Such mailings were delivered by hand wherever practical and all hard-

copy transcript material was exchanged by hand. No data was transmitted electronically. It was agreed with the transcriber that no data would be shared with a third party and that all data after transcription would be erased. These measures maximised the ethical confidentiality of the research.

A letter of invitation was issued to potential participants across the sample. Its contents included specific information about the motivation and purpose of the research and how it was to be conducted. Positive responses to the letter of invitation were followed up by participants receiving a research information pack from myself. The information pack contained the following three documents:

- Information Sheet for Participants

- Interview Questions

- Informed Consent Form

The Information Sheet for Participants provided a brief rationale for the research, key research questions and information relating to the data-collection process and confidentiality, as shown in Appendix 1. The interview questions contributed to the transparency for the participants and recognised the sensitive nature of the research and therefore provided time for preparation and reflection in the pre-interview period. Having provided this information, the participant was then in an informed position to consider signing the Informed Consent Form, as shown in Appendix 1. Ethical agreements included the voluntary nature of the research, the opportunity for refusal to respond to questions and the right to withdraw at any time. Participating schools can have access to a summary of the research if requested on the Informed Consent Form. Participants were guaranteed that their contribution to data collection would be protected and kept confidential and made anonymous throughout the

research. Any data collected which implicated or revealed a school's or individual's identity was made anonymous in the typed transcript by being replaced with **(***)**.

I was professionally aware of my responsibility to waive confidentiality in the duty of safeguarding children, young people and vulnerable adults, should the need arise. If any disclosures were revealed by a participant and deemed either harmful or illegal, these would be reported to the relevant body.

Due to my professional role, I had already established rapport with the majority of the participating schools and therefore was particularly ethically aware, ensuring a consistent professional approach to the research. I was mindful of the time demands of the research schedule for participants, but equally recognised the potential opportunity for reflection that it afforded for schools.

3.8 Audience

The prime recipient of the research is the University of Birmingham, as the thesis is submitted in part fulfilment of the Professional Doctorate in Educational Psychology. The Local Authority in which the research took place part-sponsored me and will have access to the findings. A summary of the research will be disseminated to the participants on request.

It is envisaged that a C.I. handbook of guidance for all schools in the Local Authority, which is currently being formulated by C.I.R.T., will incorporate conclusions from the research. My experience of cross-authority collaboration in my professional work indicates that there is potential to share research findings in a wider field.

3.9 Method

A main priority for this research was to adopt robust methods in order to ensure that the research conclusions were valid. The research aim was addressed through the data collection

and analysis. Data was collected through the semi-structured interviewing of participants; the participants were senior decision-makers in schools which experienced a C.I. between 1 September 2010 and 31 March 2013 in the selected Local Authority. A sample of such schools was utilised which ensured a balance between those that did request C.I.R.T. support and those that did not. Initially, in addition, two pilot schools were approached which had also experienced a C.I. within this time period. The data was analysed using thematic analysis and consequently an exploration across schools of commonality/differences in themes was possible. Ultimately it is hoped that responses by schools to a C.I. will be understood more fully by C.I.R.T. and thus C.I.R.T. support practice will be further improved.

When planning the operationalisation of the research, the potential constraints were considered, such as the willingness and availability of participants for interview and constraints on my time, balanced against my professional day role. In terms of time scales and time frames for the research it was suggested that participating schools should have experienced a C.I. in the recent past (1.3.11 to 31.3.13) from the time of receiving their letter of invitation from myself, as shown in Appendix 1. The research will ultimately be the property of the University of Birmingham and the Local Authority. This research was partly sponsored by the Local Authority in which I am employed. The research was conducted in compliance with the statutory ethical guidelines stipulated by the University of Birmingham. According to Cohen et al. (2000), a consideration of resources (physical, material, temporal, human, administrative) is required during orienting decision-making when planning educational research. Thus the decisions pertaining to this research were:

Physical: specified Local Authority; quiet comfortable space to conduct interviews with confidentiality ensured; transport arrangements for myself.

Material: initial letters of invitation for participants; list of interview questions; digital voice recorders (x2).

Temporal: the sample schools selected within a specified time period; availability to meet interview schedules.

Human: recruitment of participants; researcher's flexibility to gather data.

Administrative: professional transcribing of recorded interviews; analysing data; potential guidelines to be formulated post-research to develop C.I.R.T. support.

Within this framework of operationalisation, due to the sensitive qualitative nature of the research content, an understanding but passive approach was required.

The key research sub-questions could have been investigated using several methods. I considered an approach using questionnaires and acknowledged that it potentially provided the participant with a 'distancing' from myself and a safe format in which questions could be considered on the participant's terms, and thereby neutralising the power differential which could arise in a method such as interviewing. However, to create a questionnaire which had the potential for the depth of responses demanded by the research sub-questions would be challenging. Robson (2002) stresses the importance within a questionnaire that the respondent's answer is in the form demanded by the question itself. This approach would be data-limiting, as my sub-questions anticipated in-depth, extended responses in a flexible format.

Alternatively, another possibility was a focus group approach; however such a method for the research would not necessarily have allowed for the full exploration of individualised responses. Indeed Cohen et al. (2000) describe focus groups as a form of group interview,

where data arises from the participants' interactions within the group and the researcher's agenda can become secondary. Such group dynamics could complicate the data; it was important that my data collection was focussed in a one-to-one dialogue situation.

Having considered the possibilities of various methods and their accompanying advantages/disadvantages, I adopted the single method of interviewing participants, as this was considered to be a pragmatic approach, which would potentially elicit the depth of qualitative data in response to the key research sub-questions.

Seidman (1998) lists a plethora of research methods which could be employed in exploring the experience of people in organisations, but emphatically states:

> If the researcher's goal, however, is to understand the meaning people involved in education make of their experience, then interviewing provides the necessary, if not always completely sufficient, avenue of inquiry. (p.4)

I was seeking to create a face-to-face encounter through the medium of an interview, the benefits being that a constructive rapport could be established within which the meaningful data could be shared. Mason (2002) describes qualitative interviewing thus:

> The style is conversational, flexible and fluid, and the purpose is achieved through active engagement by interviewer and interviewee around relevant issues, topics and experiences during the interview itself. (p.225)

It was these purposeful conversations that I aimed to achieve through selecting the interviewing approach.

Tuckman (1972), in Cohen et al. (2000), interestingly compares the merits of interviewing versus questionnaires. Positive features in the use of interviewing include extensive opportunities for response-keying (personalisation) and also a good rate of return. However, negative attributes of interviewing include sources of error such as the interviewer, the instrument and the sample. Also Tuckman suggests that interviewing by its very nature results in a limited number of respondents who can be reached. I controlled such threats by

consistently following my interview schedule of questions, which could be evidenced by the audio tape recordings. The pilot interview enabled clarification of the devised interview schedule. Although the sampling technique was defined, I was aware of its limitations in terms of the potential number of respondents due to the intensive nature of data collection through the interviewing method. In considering a method fit for purpose, I concluded that the advantages outweighed the drawbacks of the interview approach.

The Semi-Structured Interviews:

Galletta (2013), a proponent of the semi-structured interview, recognises that its degree of structure enables specific areas of research to be addressed, whilst its versatility ensures space for respondents to contribute their meaning to the topic being researched.

I interviewed the member of staff, the participant, who was most involved in coordinating the response to the C.I. in the school. A single interview with the participant was carried out in each school. Interviews involved a single participant in each case except during one interview where a second member of staff became involved.

The semi-structured interview was decided to be most fit for purpose. Cohen et al. (2000) describe the interview continuum as:

> …the more one wishes to gain comparable data - across people, across sites - the more standardised and quantitative one's interview tends to become; the more one wishes to acquire unique, non-standardized, personalized information about how individuals view the world, the more one veers towards qualitative, open-ended, unstructured interviewing. (p.270)

I required some degree of comparability but also an open-endedness in the interview format; therefore a mid-point, in the form of a semi-structured interview approach, was implemented.

In particular the flexibility inherent in the semi-structured interview situation would provide the opportunity for the interviewee to expand on certain areas of questioning, which would

otherwise be restricted if a more structured approach were adopted. In reference to semi-structured interviews, Opie (2004) reminds us that:

> These are a more flexible version of the structured interview which will allow for a depth of feeling to be ascertained by providing opportunities to probe and expand the interviewee's responses. It also allows for deviation from a prearranged text and to change the wording of questions or the order in which they were asked (p.118).

Robson (2002) identifies the key attributes of the semi-structured interview, which include predetermined questions with ordinal variability and the flexibility for question wording to be clarified and supplementary questions to be added if appropriate. The semi-structured interview enabled me to have the greater potential to deconstruct the participants' narratives and thereby elucidate deeper meaning. I was aware of the need to balance the dynamics of the semi-structured interview between the control embedded in the structure and the liberality afforded by the flexibility.

I was mindful of the impact of the interviewing technique upon outcomes. Seidman (1998) emphasises the importance of listening, follow-up/clarification/extension for responses, enabling the participants to tell their story, maintaining focus and asking participants to reconstruct rather than solely to remember. Indeed I was aware that the research investigated the lived experience of participants, and Galletta (2013) reinforces the appropriateness of the semi-structured interview for such a purpose:

> A key benefit of the semi-structured interview is its attention to lived experience while also addressing theoretically driven variables of interest. (p.24)

My theoretically driven variables included grief, normalisation, resilience and psychological coping. The interview was not intended to be a fact-finding exercise. However, I highlight that the reconstruction process involves reflective memory-retrieval in order for participants to share the key elements of the C.I. experience. I tacitly acknowledged their potential bias when preparing to conduct the interviews; I had previously been involved professionally

through delivering C.I.R.T. intervention in all of the **Yes Schools** and therefore held a knowledge base of the C.I. in each case. There was an attempt by myself to ensure such previous experience had minimal impact on the administration of the interview and I sought to maintain neutrality in both **Yes** and **No Schools**.

I had a pre-existing professional relationship with all the interview participants in **Yes Schools** and some in **No Schools**, which contributed towards a trusting, working rapport being established in the interview situation. Generically, I recognised the need to maintain objectivity in the data gathering and its subsequent interpretation, ensuring my own agenda and views had minimal impact. It was essential for me to adopt a style which would enable participants to feel 'at ease' during the interview, allow for purposeful, reciprocal exchange and thereby gather useful data. I also needed to respect the position of **No Schools** who had not requested C.I.R.T. intervention when approaching them for interview. I was aware of the sensitive nature of the research topic and was therefore prepared to offer an empathetic response to participants as appropriate.

Developing the Interview Schedule:

It was essential to pilot the interview schedule of questions, as shown in Appendix 1 which had been formed from the key research sub-questions in preparation for the semi-structured interviews.

> To pilot: Means to conduct a much smaller study (a pilot study) to prepare for a larger one. It is done to refine or modify research methods or to test out research techniques (Thomas, 2009, p.132).

I aimed to establish if any semantic misinterpretations in the language of the questions were evident, such as ambiguity and confirm that the questions were sufficiently formulated to achieve the aim of the research. I was able to test the effectiveness of my interviewing style

and the resultant data gathered. The pragmatic considerations of the interview process, such as time resources and practical instrumentation, were trialled. I identified a **Yes** primary school and a **No** primary school from within the sample to utilise in the pilot. Unfortunately the **Yes School** withdrew their participation. However the experience of the pilot with the **No School** resulted in post-pilot changes; the interview schedule was reviewed and I developed my interview style to incorporate more opportunities for prompting and probing to elicit richer data.

The refined post-pilot final schedule of questions was to be used in the semi-structured interview with each participant.

The interview schedule of questions arose from the research sub-questions as follows:

- ➢ How do **Yes Schools** cope psychologically with a C.I.? – Question 3,4 and 5
- ➢ How do **No Schools** cope psychologically with a C.I.? – Question 3, 4 and 5
- ➢ What are the factors that influenced **Yes Schools** in the request for support post C.I.? - Question 1 and 2
- ➢ What are the factors that influenced **No Schools** in the request for support post C.I.? – Question 1 and 2

Question 1 addressed key factors that influenced the participants' decision-making. Question 2 considered the impact of the type of C.I. Question 3 embraced the temporal dimension of support strategies and Question 4 invited participants to describe support at organisational grouping levels. Question 5 explored the normalisation process. Cohen et al. (2000) acknowledge the value of the potential of probes within the framing of questions, which enable the extension and elaboration of responses by the participant when probed by myself, thereby enhancing the richness of the data, for example. Indeed Question 6 provided the opportunity for respondents to share any comments, thoughts or feelings which they had not previously expressed. The interview schedule was used for both **Yes** and **No Schools**; the

former's questions however addressed "your decision to request outside support" whereas the latter's questions were phrased "your decision not to request outside support", as shown in Appendix 1.

I designed the questions to ensure that specific data was gathered which included factual evidence such as Question 1c: "Who was involved in making the decision?" However, the majority were more open-ended questions which enabled participants to give their opinions and therefore reconstruct their experiences, such as Question 5b: "Did this strengthen you as a school? If so how?" Robson (2002) emphasises the benefits of using prompts in semi-structured interview situations, and indeed I employed this technique such as in Question 3, where participants were prompted by the sub-structure "short-term", "medium-term" and "long-term" being built into the question, enabling answers to progress.

A further significant action point post-pilot was the decision to ensure that the interview schedule was available to participants pre-interview. The pilot interview questions are shown in Appendix 1. During the pilot interview I felt that pre-exposure to the questions before the interview would have enhanced the opportunity for the participants to prepare. I therefore ensured that schools received the interview schedule several days before the interview itself.

I attempted to construct a robust, versatile interview schedule whilst being reminded that:

> One has to accept that no matter how well thought out you think a question might be, it may have a different meaning for, and so result in a different answer from, the interviewee than the one you intended (Opie, 2004, p.118).

Sampling:

The research required a cohort of state sector schools which had experienced a C.I. Such schools are required to report a C.I to the Local Authority and, at their discretion, such incidents are referred to the C.I.R.T. within the Local Authority. As I held the position of

C.I.R.T. Coordinator, I was privy to such information. I selected a time-frame from the recent past of 1 September 2010 to 31 March 2013 within which schools had experienced a C.I. Some schools had experienced more than one C.I. and in such a case, the interview focused upon the most recent C.I. in the school's experience.

I adopted the use of 'purposive' sampling as fit for purpose as it enabled flexibility within the parameters of the time-frame, whereby schools could be selected which, in my opinion, would specifically meet the demands of the research. Cohen et al. (2000) encapsulate this approach:

> In purposive sampling, researchers handpick the cases to be included in the sample on the basis of their judgement of their typicality. In this way, they build up a sample that is satisfactory to their specific needs (p.103).

However, I was mindful of the counter-argument:

> Whilst it may satisfy the researcher's needs to take this type of sample, it does not pretend to represent the wider population; it is deliberately and unashamedly selective and biased (Cohen et al., 2000, p.104).

Seventeen schools were purposively selected to form the initial sample and letters of invitation were issued. Only four schools either did not reply or expressed their preference not to participate. Where appropriate, I followed-up the nil responses to ascertain interest in their participation.

I was particularly interested in schools within the sample which had requested outside support from C.I.R.T. which specifically formed the cohort of **Yes Schools**. Conversely those schools that had not requested C.I.R.T. support specifically became the cohort of **No Schools** within the sample. A balanced sample composed of six **Yes Schools** and five **No Schools** resulted, excluding the two pilot schools.

I elected to interview one participant in each school in the sample. This enabled a consistent approach across the sample of schools and ensured that the gathering of data was focussed upon the key decision-maker in each school.

Instrumentation:

Having established a sample of participating schools, I forwarded an informed consent form with a reply slip attached and an accompanying information sheet for participants, as shown in Appendix 1. I communicated with schools to arrange appointments for the research interviews.

The pilot phase took place during summer term 2013 and the sample interviews during the autumn term 2013. The duration of the interview was expected to be approximately thirty to forty minutes. However, a proportion of interviews exceeded this parameter.

All interviews took place in the participant's school; one participant had moved school in the meantime and thus the interview took place in their new school. I liaised with the participant to ensure that the interview took place in a quiet, uninterrupted, confidential space as far as possible.

In terms of instruments for data recording, these were two-fold. First I had the provision to record notes directly on to the interview schedule on my personal clipboard; this was at my discretion, as I was aware that over-use could interfere with fluency of dialogue. Second, I decided to record the interview dialogue via a digital voice recorder. Recorded interviews have their difficulties including:

- Possibility of collecting too much data
- Time-consuming to transcribe
- Presence of recorder off-putting
- Irrelevancies collected

(Opie, 2004, p.120).

I safeguarded against potential data loss by running two voice recorders simultaneously during all interviews, which were tested in situ prior to commencement of the interview. Recorded interviews provided the depth and accuracy within the data, necessary for analysis. Participants were forewarned in their letter of invitation that data would be collected via digital voice recorder.

Transcription:

According to Cohen et al. (2000) "…a transcription represents the translation from one set of rule systems (oral and interpersonal) to another very remote rule system (written language)." (p.281) However, although transcription carries the inherent risk of depth of data loss, it does provide an accurate record of the interview narrative. The "interpersonal" dimension of the interview could have been captured via video footage; however, I felt that such filming would have been intrusive, particularly due to the sensitive nature of the C.I.s.

I personally transcribed the pilot interview to enable me to develop my interview schedule. Thereafter a professional transcriber was employed by myself to undertake the transcription of the eleven interviews. Using a single professional transcriber ensured consistency and enabled a single point of reference for clarification.

3.10 Reliability, Validity and Generalisability

These considerations in qualitative research design underpin the quality of the research outcomes. My research is epistemologically qualitative, which inherently presents challenges in terms of its reliability, validity and generalisability. Reliability relates to replication, which according to LeCompte and Preissle (1993) in qualitative terms may require the demands of repeating social situations and conditions, for example. Cohen et al. (2000) exemplify qualitative data validity as:

> …the honesty, depth, richness and scope of the data achieved, the participants approached, the extent of triangulation and the disinterestedness or objectivity of the researcher. (p.105)

As a qualitative researcher, I needed to be mindful of these "measures" of validity. Generalisation is specifically needed and inevitable in interpretative research according to Williams (2002); it enhances the research's potential for policy action and understanding about the wider social world. Therefore I reflected upon the reliability, validity and generalisability of my research and its overall trustworthiness.

I considered the effectiveness of the single method approach of interviewing and the resultant findings, which were analysed through the lens of thematic analysis.

Reliability:

I endeavoured to ensure the consistent reliability of the interview method as far as possible. Cohen et al. (2000) cite Oppenheim (1992) arguing that alterations in wording, context and emphasis can reduce reliability in interview situations. The interview schedule being available to participants pre-interview provided a stabilising foundation. The comparability of the **Yes/ No Schools'** interview schedules contributed towards a holistic, rather than dichotomous, approach towards the aim of the research, thereby enhancing reliability. I was also aware, due to the sensitive nature of C.I.s, that potentially issues of transference/countertransference could occur; however, the discipline of following the interview schedule reduced this possibility. Overall, I acknowledged that assessments of reliability are difficult due to the limited sample.

Reliability was enhanced through the process of verification. Cohen et al. (2000) cite the value of verification. I enhanced the verification process by enlisting a professional colleague to fulfil the role of verifier specifically for the thematic sorting analysis. The verifier is a

practising Educational Psychologist who has supported schools that have experienced a C.I. through being part of the C.I.R.T. The verifier has completed a Professional Doctorate in Educational Psychology using T.A. and is a member of the H.C.P.C. (Health and Care Professions Council) and the B.P.S. (British Psychological Society). The thematic sorting was a pivotal stage of the analysis, whereby the outcomes determined the comparative relationships within the data. The verifier was asked to conduct thematic sorting question by question, replicating the process that I had undertaken. However, the verifier thematically sorted the themes without knowledge of the questions or the participating schools, which accentuated verification objectivity. I attempted to be impartial whilst observing the verifier as they thematically sorted.

Thematic sets could consist of one or more themes. My thematic sets were compared with the verifier's thematic sets to ascertain the level of agreement, question by question. Where agreement reached fifty per cent or more, then I considered my thematic sorting to be consistent with that of the verifier's for that particular question. For example, if my thematic sort consisted of four sets, two of which agreed with the verifier's, then I considered this as verification. Eleven questions were thematically sorted and verification was reached for six questions.

<u>Validity:</u>

Seidman (1998) challenges the basic premise underlying validity, that of truth: " How do we know that what the participant is telling us is true?" (p.17) My research relied upon reciprocal professional integrity, through trust and honesty and respondents were assured of confidentiality. However, establishing further control measures to facilitate the honesty of respondents is a challenge.

I intended to pilot an interview with a **Yes School** and a **No School** to establish the validity of the interview schedule. Such validity was compromised due to the pilot **Yes School** withdrawing pre-interview. However, the pilot **No School** interview undertaken did contribute to validity as it enabled the foci of questions to be refined.

I ensured that the time lapse between the C.I. and the interview did not exceed three years, therefore increasing validity as participants were recalling their experiences within the recent past. Time lapses within C.I. research are far ranging, such as Morgan et al. (2003) following up Aberfan survivors thirty three years later. In contrast, Mitchell (1983) proposed that P.D. interventions should take place within a twenty four to seventy two hour time lapse post-C.I.

Due to myself being an employee of the C.I.R.T. within the Local Authority, inevitably my perspective was that of an insider researcher and this will be discussed in the concluding chapter. Negative impacts were reduced by being aware of bias, potential collusion and avoiding leading questions and subjective value judgements. Although I had been professionally involved as an E.P. in supporting each school in the sample, I attempted to reduce the bias of being an insider researcher and the potential for collusion by communicating the researcher role and the research remit clearly to schools, whilst adopting an impartial stance myself. Leading questions were avoided through the formulation and implementation of the interview schedule. My objective approach ensured that the voicing of value judgements was minimised.

> If the interview structure works to allow them to make sense to themselves as well as to the interviewer, then it has gone a long way toward validity. (Seidman, 1998, p.17)

My use of the structure within the interview schedule guided the participant through their recounting narrative sequentially, at an appropriate pace, thereby facilitating the sense-making

necessary to enhance qualitative validity, particularly that of internal validity. External validity was compromised by my limited sample size.

Cohen et al. (2000, p.124) cite Kitwood (1977): "the distinctively human element in the interview is necessary to its 'validity'." Indeed, I was aware of these implications particularly internal validity. The interviewer had a sense that each interview in its entirety was a positive, interactive, shared experience that contributed to internal validity.

I attempted to maintain validity across the interviews by consistent implementation of the interview process. However, external validity is compromised by the range of variables to be considered: the C.I. itself, the school and the participants themselves. Each C.I., each school and each participant have their own unique characteristics. The ability of schools to cope psychologically with a C.I. can be a complex experience and therefore achieving external validity for the research could be a challenge.

Generalisability:

From the outset, generalisability regarding C.I.s is contentious due to the unpredictable occurrence and nature of C.I.s themselves. Generalisability is defined by Meltzoff (1998) as: "The degree to which the findings of a study can be extended to other people, places, or circumstances" (p.283). Generalisability is difficult due to limiting factors. The 'people', that is the participants, contextualised the research and therefore to attempt to introduce generalisability would de-contextualise the data. Spatially, I investigated across a discrete geographical field limited by the Local Authority boundary, with its own unique socio-economic conditions and cultural characteristics. Also the places of the research ranged across primary, secondary and special schools, albeit limited to the state sector. Therefore to assume that my conclusions can begin to be transferred to other 'places' would be to misunderstand

the complexities involved. Likewise the time-frame of the research created a temporal dimension, which again limits generalisability.

However, the research design itself has a degree of generalisability, which could potentially be implemented in other L.A.s. Also, universally-speaking, a fundamental psychological response associated with trauma is the manifestation of the grief cycle; this potentially creates common ground from which generalisability may be explored.

Reflexivity:

Robson (2002) emphasises the importance of reflexivity in qualitative research, whereby the researcher's individual social identity and background impact on the research process. I was aware of how potentially my own personal experience of bereavement and my positioning as an insider researcher could influence the interview process and the subsequent interpretation of my data. Oliver (2004) describes the potential for reflexive evaluation by breaking down the interpretive act into three parts: feeling, interpretation and action. Regarding feeling, the reflexive impact of our own experiences can result in a partial perception of what is communicated; therefore in my interviews I attempted to be open-minded to ensure that my feelings and bodily responses would not inhibit the flow of each narrative. The second part, interpretation, is the thinking response whereby our life experience can impact upon the communicative process; in interpreting the transcripts, I was mindful of my voice and how it may have influenced the dialogue. Thirdly, the choice of action provides an opportunity for reflexive response:

> A mutually reinforcing pattern can be maintained, developed or transformed, depending on the conscious choices made by the participants. (Oliver, 2004, p.131)

Where the reflexive dimension of the participants in my research was evident, my data became more complex, but enriched.

3.11 Data Analysis

According to Mertens (1998):

> Qualitative data analysis has sometimes been portrayed as a somewhat mysterious process in which the findings gradually emerge from the data through some type of mystical relationship between the researcher and the sources of data (p.348).

Prior to engaging with the data analysis, I reflected upon some overarching considerations. Indeed, the relationship between myself and the data transcripts was intrinsically linked, particularly due to the experience of the face-to-face interviews. Whilst analysing the data I recognised the possible bias between **Yes** and **No Schools** due to myself having been a facilitator of outside support as requested by the **Yes Schools**. "What if the researcher makes a different interpretation from the interviewee?" (Cohen et al., 2000, p.292); I interpreted the raw data of the transcripts from an open-ended psychological perspective, as the data revealed itself, enabling meaning to be interpreted. A level of subjectivity inherent in the interpretive approach was recognised by myself. This could potentially have been reduced by conducting a post-analysis consultation between myself and the participant, to confirm a more common consensus of meaning. Crotty (1998) describes such a process within interpretivism whereby researchers undertake "intuiting" the data to ensure consensus on themes and this often includes inviting respondents to participate to ensure that such themes are genuinely arising from the data. After consideration as an insider researcher, I had confidence in my derivation of the themes and therefore did not undertake intuiting the data with participants.

I initially identified four possible approaches to the data analysis: grounded theory, interpretive phenomenological analysis (I.P.A.), discourse analysis (D.A.) and thematic analysis (T.A.).

Glaser and Strauss (1999) describe grounded theory as affording comparative analysis and enabling theory to arise from data. I felt the merits of grounded theory may provide a rigorous

system of coding through the trilateral approach. However, the demands of constantly comparing the data with such an approach may have restricted the opportunity for independent depth of data interpretation.

The I.P.A. researcher attempts to engage with the participant's reflections upon an experience, and thus it had potential for the C.I. research. I.P.A. would have provided a psychological depth of the lived experience and I.P.A. requires data in the genre of a narrative account. However, my research design did not intend or expect the resultant data to be consistent with a narrative account. Also I.P.A. demands "The study must be concerned with examining 'the thing itself', the phenomenological experience of the participant." (Smith et al., 2009, p.186) Brocki and Wearden (2006) emphasise I.P.A.'s assumption that respondents are expected to interpret their own experiences and make sense of them through the research process. Inevitably some participants demonstrated elements of self-reflection within my data, but this was not my expectation. There are a range of phenomena within the complex experiences of C.I.s such as: grief, resilience or normalisation; no single specific phenomenon was being investigated in my research. Therefore, on reflection, I concluded that I required a more structured, analytical approach other than I.P.A. to discern the psychological coping, decision-making and support mechanisms associated with C.I.s.

Gee (1999) describes discourse as language-in-use; the different approaches to D.A. can involve information, action or identity. The potential of D.A., in terms of positing inferential meaning from the transcripts and analysing the impact of the interactional dynamics of the interview, was apparent. However, I felt that its intense reliance upon linguistic evidence would limit the wider interpretation of participants' experiences.

Braun and Clarke (2006), proponents of thematic analysis, regard grounded theory, I.P.A. and D.A. as having claim to a respected status. Indeed, I had given due consideration to these possible methods of analysis. However, an exploration of the potential of T.A. resulted in my decision to utilise thematic analysis as the most appropriate method of data interpretation.

Critical Overview of Thematic Analysis:

T.A. was perceived as fit for purpose for the identification and processing of patterns within the data responses to the research interview questions, which subsequently could form detailed themes. Such themes could then be compared between **Yes Schools** and **No Schools**. The systematic nature of T.A. is stated by Boyatzis (1998) as "Thematic analysis is a process for encoding qualitative information. The encoding requires an explicit 'code.'" (p.4) Such specific coding was necessary for me to maintain the integrity of the data. Guest et al. (2012) demonstrate the versatility of T.A. as "…identifying and describing both implicit and explicit ideas within the data, that is, themes." (p.10) The T.A. approach, in being both systematic and versatile, enabled me to effectively analyse the data transcripts.

Braun and Clarke (2006) describe T.A. thus:

> Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail (p.79).

In terms of its efficacy, some of the advantages of applying the T.A. approach that Braun and Clarke (2006) highlight are:

- Useful method for working within participatory research paradigms, with participants as collaborators
- Can usefully summarize key features of a large body of data, and/or offer a 'thick description' of the data set.
- Can highlight similarities and differences across the data set
- Can generate unanticipated insight
- Allows for social as well as psychological interpretation of the data

- Can be useful in producing qualitative analyses suited to informing policy development (p.97).

I envisaged that the participants, whilst reflecting on their C.I. experiences, would contribute towards my aim of understanding and thereby improving post-C.I. support for schools. The "large body of data" which I sought to analyse consisted of eleven interview transcripts averaging approximately forty-five minutes each in duration; T.A. offered the means by which to summarise the pertinent elements. Due to the data being primary evidence from participants, through their lived experience of a C.I., in interpreting the data it was essential to take account of the social and psychological dimensions being inextricably linked. I had the foresight to recognise the potential of the research outcomes to influence Local Authority policy, such as guidelines for schools regarding how to manage a C.I.

I was aware of the potential disadvantages and challenges inherent in adopting a T.A. approach, such as the "unanticipated insight" from the data provided by Question 6 being so diverse that I decided that T.A. was impractical. When considering the potential problems of adopting a T.A. approach, Braun and Clarke (2006) suggest:

> Many of the disadvantages depend more on poorly conducted analyses or inappropriate research questions than on the method itself. (p.96)

Having favoured T.A. as the method of data interpretation from the outset, I ensured that the interview questions were structured in a format that was appropriate for subsequent T.A. The conduct of the analysis included a rigorous scrutiny of interview transcripts and generating of codes and themes. Some scholars argue that the quality of analysis of T.A. could be improved via the use of specifically designed computer programs; however, Boyatzis (1998) argues "…they still lack some of the contextual understanding that a person is capable of using."

(p.166) Although I was aware of the challenges of employing T.A., this single method provided the breadth and depth of analysis to ensure that the data was optimised.

Application of Thematic Analysis:

Thematic analysis was applied to the data to explore the research sub-questions:

> How do **Yes Schools** cope psychologically with a C.I.?

> How do **No Schools** cope psychologically with a C.I.?

> What are the factors that influenced **Yes Schools** in the request for support post C.I.?

> What are the factors that influenced **No Schools** in the request for support post C.I.?

Braun and Clarke (2006) advocate "…thematic analysis as a useful and flexible method for qualitative research in and beyond psychology." (p.77) Therefore I applied their structural approach to T.A. in psychology to the data. I utilised Braun and Clarke's "…clear guidelines to those wanting to start thematic analysis, or conduct it in a more deliberate and rigorous way…" (p.77)

I was guided by Braun and Clarke's (2006) phases of thematic analysis, appreciating their capacity for simultaneous sequential and recursive implementation.

Phase 1:

This phase initiated familiarisation with the transcribed data from each interview. Braun and Clarke (2006) describe this immersion in the data as requiring "…reading the data in an *active* way-searching for meanings, patterns and so on." (p.87) I systematically read through the data transcripts, first taking **Yes School** interviews, followed by **No School** interviews. A question by question approach was adopted, identifying data that informed initial ideas specific to the enquiry of the research. I highlighted key words and phrases in the transcripts, which subsequently were processed into initial ideas that were noted down.

The Demarcated Transcript exemplifies the processes of Phase 1 and Phase 2 for the responses of Participant N°2 for Q1a **(Yes Schools)**. Initial ideas for **Yes Schools** for Q1a included: emotional trauma, severity of accident, too overwhelming to deal with, struggling, recognising the needs of other colleagues. These initial ideas were sourced in part from the underlined transcript key words and phrases as in the Demarcated Transcript. The initial perusal of the transcript resulted in such underlining in the process of generating initial ideas (Phase 1).

Demarcated Transcript – Participant 2

Introduction:

Interviewer: This is interview number two and this is Thursday the 19th of September. Question number one. What do you consider to be the key factors that influenced your decision to request outside support when you were faced with the Critical Incident?

Interviewee: Err, a*s a school we tend to deal with lots of emotional stuff on a daily, hourly basis especially regards to, you know, the presentation of the children and often the circumstances that they're living in. Erm, I was aware obviously of the depth of feeling felt by numerous members of staff regarding the care of all of our children and in particular reference to the child that had passed away, erm, knowing how many erm sort of how many really good professional relationships that had been built up with that child when he was here and also with his family. Erm, I was actually away supporting my partner at the time when we had the erm, the initial phone call from (name erased) saying that there you know, there was a Critical Incident, this is what had occurred, that an ex pupil had been left for about twelve*

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*months, erm err, had, had <u>died in erm circumstances that were erm, you know were, were going to sort of erm be difficult to deal with</u>. Erm and that erm she had, was sending through the details of the Critical Incident Response Team. Erm, I was phoned at home by erm my deputy who said phone us back as I've got something to tell you and told me what had occurred, what **(name erased)** had done erm and err I came back, I came back to work erm quite rapidly, erm knowing, knowing the <u>depth of feeling experienced by a lot of my team</u> and a lot of the education team regarding the situation. Erm, because and because we deal with the children that we deal with, because we deal with so much emotional trauma reflected from them, erm it was an, and we tend to support each other through that. Erm <u>I could see, I could feel how difficult people were, were, were taking on board the information</u> erm, and I erm instead of erm, what had happened was that an e-mail had been sent around basically asking people to let senior management know if they felt they needed more support and I said no, we are not going to get people to ask, because people want to be strong. / They want to be strong for themselves and they want to be strong for each other. Erm and nobody would want to be the one to make the first move towards that and I said no we need to grasp the nettle and not ask for people to ask for help but to <u>gather that help for them and say here it is.</u> Take it. Rather than anybody having to put their head above that parapet and go, <u>"you know what, I'm struggling".</u> So that's why erm I think I asked then our deputy head teacher to contact, I don't know, you know department **(name erased)** and, and organise some sessions that we could then say that <u>"the people are here, go if you want to"</u>. You know, "go if you feel you need it". I mean with hindsight I think we should have just said everybody should be attending, but again people were being honest at that point saying "yeah, I feel I need to at least have some conversation about the way I'm feeling".*

Interviewer: So it sounds from what you've said. If I can just sort of capture that erm, you, in your role, your wider pastoral role, erm you recognised that the incident would have had a great impact upon your school population and therefore you were proactive in trying to organise that support, for, for those that, you know could ask basically and also be there for each other.

Interviewee: *Yeah. Yeah. Which people here are very good at, but this was more than, you could, <u>you could feel it you could see it</u> and <u>everybody was trying to be supportive of each other, / not being in the right place to be supportive of each other because they were in need of support themselves.</u>*

Phase 2:

T.A. may be data driven whereby repeated themes and ideas from the interviewees are collectively grouped together during the analysis and further analysed for homogeny. Braun and Clarke (2006) describe this as 'inductive analysis'. The generation of initial codes was data driven by scrutinising the semantic content of the interview transcripts. Essentially, the codes were formulated from the refining of the initial ideas, although due to the recursive

nature of the data analysis process, codes also evolved beyond the initial ideas. Once I had established the codes, these were evidenced through data reduction. Using the electronic interview transcripts, I identified specific data extracts to evidence the initial codes on a question by question basis. Although some data extracts could have potentially illustrated more than one code, I utilised a best-fit approach whereby each data extract was only used once. These electronic transcript data extracts were transferred to a hard copy sheet to evidence each code. I developed a rigorous system, ensuring each data extract could be referenced to its source transcript page.

Phase 2, the identification of codes, is exemplified by the coloured data extracts in the Demarcated Transcript. These data extracts are selected due to their significance in understanding the research sub-questions. Through inductive analysis data extracts are formulated into codes, being informed by refining the initial ideas. In the Demarcated Transcripts:

- the 13 data extracts creating the code of 'needs identification' are shown in blue
- the 1 data extract creating the code of 'level of severity' is shown in red
- the 3 data extracts creating the code of 'generic experience of emotional trauma' are shown in green.

Phase 3, 4 and 5:

I was developing "…a sense of the significance of individual themes." (Braun and Clarke, 2006, p.90) First I sorted the codes into sets, searching for connectivity, question by question. Potential themes emerged by analysing the relationship between the clustered codes, encapsulating the essence of their significance to the research questions. Themes were reviewed and refined, revisiting the data extracts. The themes were defined and specifically named. I created a coding grid per question whereby each code was recorded by participant

and associated number of data extracts. The coding grid also showed the codes composing

each theme and was colour coded, as in Table 1, as an example.

Table 1. Q1a Yes Schools Coding Grid

Data Extract *	Coded For	Themes Identified
3.2 5.1 6.5 12.1	State of helplessness	Initial impact
3.4 4.6 12.1	Initial shock	
4.7 5.1 6.1	Vulnerability	
2.13 3.2 4.5 5.1 6.1 12.4	Needs identification	Situational need
2.1 3.1 4.1 5.1 12.1	Level of severity	
3.1 12.1	Self-preservation	Coping toolkit
12.9	Training	
6.1	Networking	
2.3	Generic experience of emotional trauma	
6.2	Internal	Pressures
6.1	External	
* Participant number followed by number of data extracts utilised.		

The final themes were represented by generating a thematic map for each question. The

thematic maps in a graphic format illustrate the relationships between the codes and themes.

The coding grid colouration was replicated on the thematic maps, as in Figure 1.

Figure 1.

Q1a   Yes Schools - Thematic Map
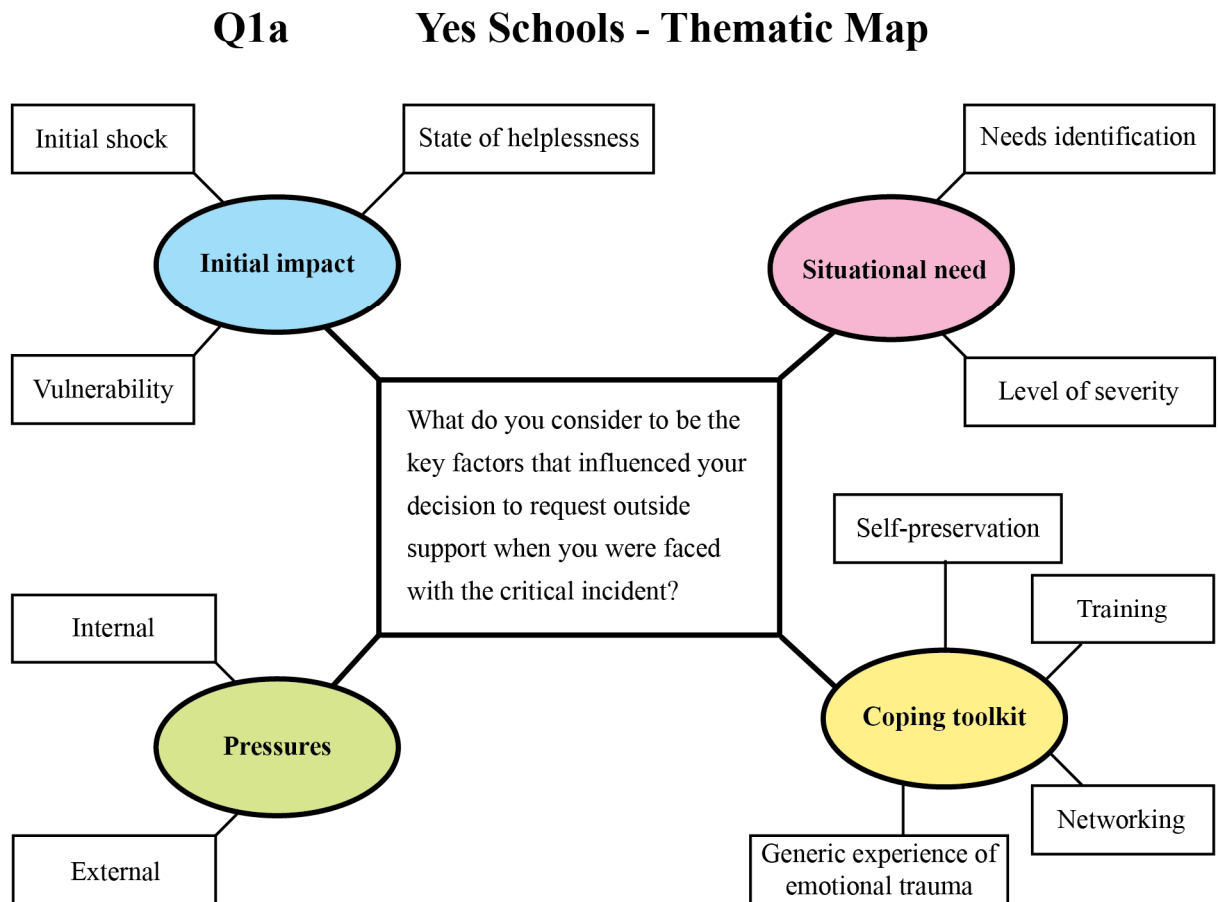
I decided that the T.A. approach was inappropriate for some of the data responses:

- Q1c – Who was involved in making the decision? The resultant list of decision-makers was not conducive to T.A.

- Q4 – Describe the support received in school at different levels. Extended holistic responses from participants were not suited to T.A.

- Q5d – Detrimental features of the support process. Limited data resulted which was insufficient to thematically analyse.

- Q6 – Concluding, reflective remarks. Rich diverse data precluded the application of T.A.

The data from these questions was however commented upon within the Findings and Analysis and contributed to the aims of the research.

<u>Thematic Sorting:</u>

The research enquiry demanded an element of comparability across the data sets of **Yes Schools** and **No Schools**. I developed the process of thematically sorting the themes, question by question, across both **Yes Schools** and **No Schools**. All the themes were extracted from the thematic map for **Yes Schools** and likewise for **No Schools**, across one specific interview question at a time. Each theme was written on a slip of paper with no identification about its source being either a **Yes School** or **No School**. The slips of paper were spread out randomly on a surface and sorted into clusters forming thematic sets. The sorting process aimed to collate together themes that relationally connected with some common element. Following the thematic sorting, the source of each theme in the thematic sets was identified, that is, a **Yes School** or a **No School**. If a thematic set was composed solely of theme(s) deriving from **Yes School(s)**, this indicated a comparative difference due to the data being for **Yes School(s) only**. Equally a thematic set consisting entirely of theme(s), originating in **No School(s)** also identified a comparative difference. If a thematic set was composed of a combination of **Yes and No School(s)** themes it indicated similarity of themes across **Yes and No School(s)**. The thematic sorting process therefore, enhanced data comparability whereby thematic sets could be analysed. This is exemplified in Figure 23.

Figure 23.

Q1a Analysis   Thematic Sorting

✓ = YES school/s
✗ = NO school/s

| Pastoral bonding ✗
Capacity to support ✗
Coping toolkit ✓ | Similar
(Yes & No school/s) | Initial impact ✓
Situational need ✓ | Different
(Yes school/s only) |
| Circumstantial factors ✗
Pressures ✓ | Similar
(Yes & No school/s) | Intuition ✗ | Different
(No school/s only) |
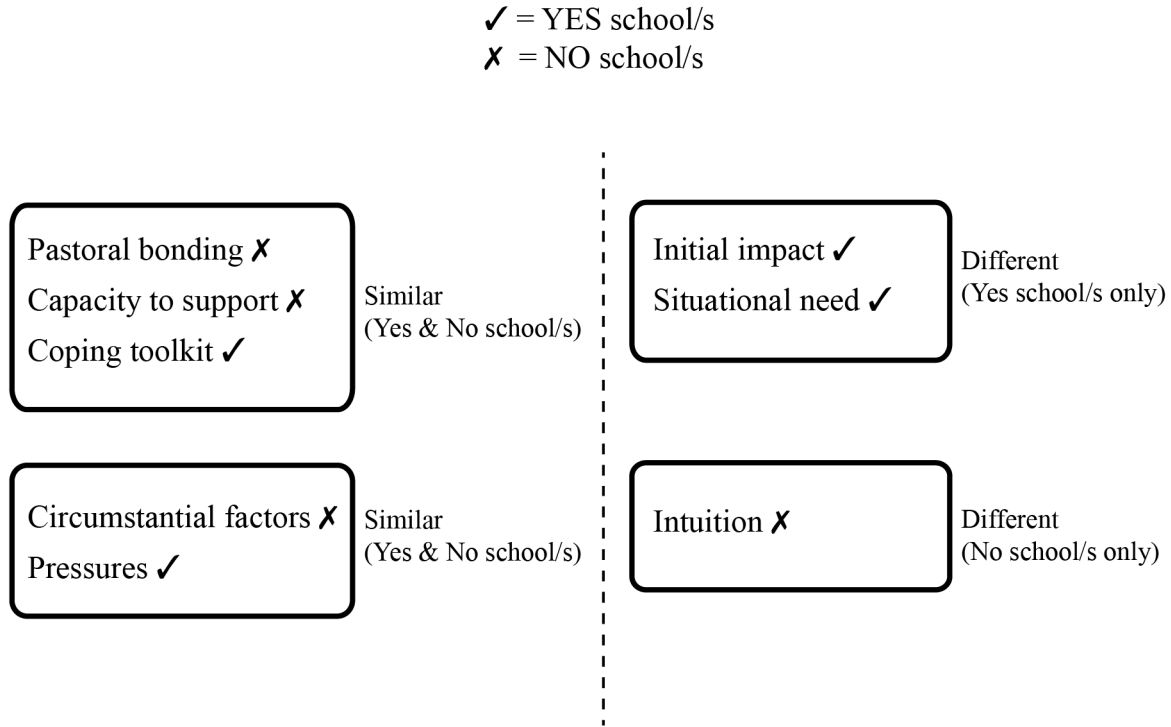
The Thematic Sorting diagram shows the thematic sets, demarcated with an enclosing box. The origin of each theme is shown as a tick (✓) which indicates the theme is from **Yes School(s)** and a cross (✗) which indicates the theme is from **No School(s)**. Where a set is composed of a combination of **Yes and No School(s)** themes, it is shown as Similar and positioned on the left-hand side of the diagram. Where a set is composed of either **Yes School(s) only** or **No School(s) only** themes, it is shown as Different and positioned on the right-hand side of the diagram.

In this chapter the nature of the research enquiry has been described. The processes of data-collection by interviewing and data scrutiny by thematic analysis have been critically presented.

CHAPTER 4

FINDINGS AND ANALYSIS

<u>Introduction</u>

This chapter aims to explain the findings elicited from the research and present data analysis. Thematic maps and thematic sets will be discussed.

The terms **Yes School** and **No School** are used in order to discriminate between participating schools as follows:

Yes Schools

These are schools that experienced a Critical Incident involving a member (or members) of the school population and subsequently took the decision to request support from an outside agency (C.I.R.T.) to help them cope through the incident.

No Schools

These are schools that experienced a Critical Incident involving a member (or members) of the school population and subsequently took the decision not to request support from an outside agency (C.I.R.T.) to help them cope through the incident.

The **Coding Grids** from the data analysis are shown in Appendix 2.

Referencing of Participants' Interview Quotes

A significant feature throughout this chapter will be the use of direct quotes from participants to evidence the analysis. The **transcripts** are shown in Appendix 3. The following key will be used to reference each participant's quote from the transcripts, for example:

(I3 PAR3 Q3a p5) = **I3** (Interview N°3)

               PAR3 (Participant N°3)

               Q3a (Question 3a of interview questions)

               p5 (Page 5 in transcript in Appendix 3)

(***) denotes that data indicating identity within the transcript has been omitted for reasons of anonymity.

Identifying Yes Schools and No Schools

The following schools are all **Yes Schools**: PAR2, PAR3, PAR4, PAR5, PAR6, PAR12.

The following schools are all **No Schools**: PAR7, PAR8, PAR9, PAR10, PAR11.

4.1 Findings of all participating Yes Schools

The sample of **Yes Schools** consisted of three primary schools, one of which was a church school, and three special schools. The C.I.s were: two sudden deaths, one death by illness and three deaths by suicide.

Q1a - Key Factors:

My initial question was designed to be generic and open-ended, in order to capture the overarching factors that influenced participants' decisions to request outside support.

Four themes emerged, namely *Situational Need, Initial Impact, Coping Toolkit* and *Pressures,* as in Figure 1.

Figure 1. (Coding Grid - Table 1.)
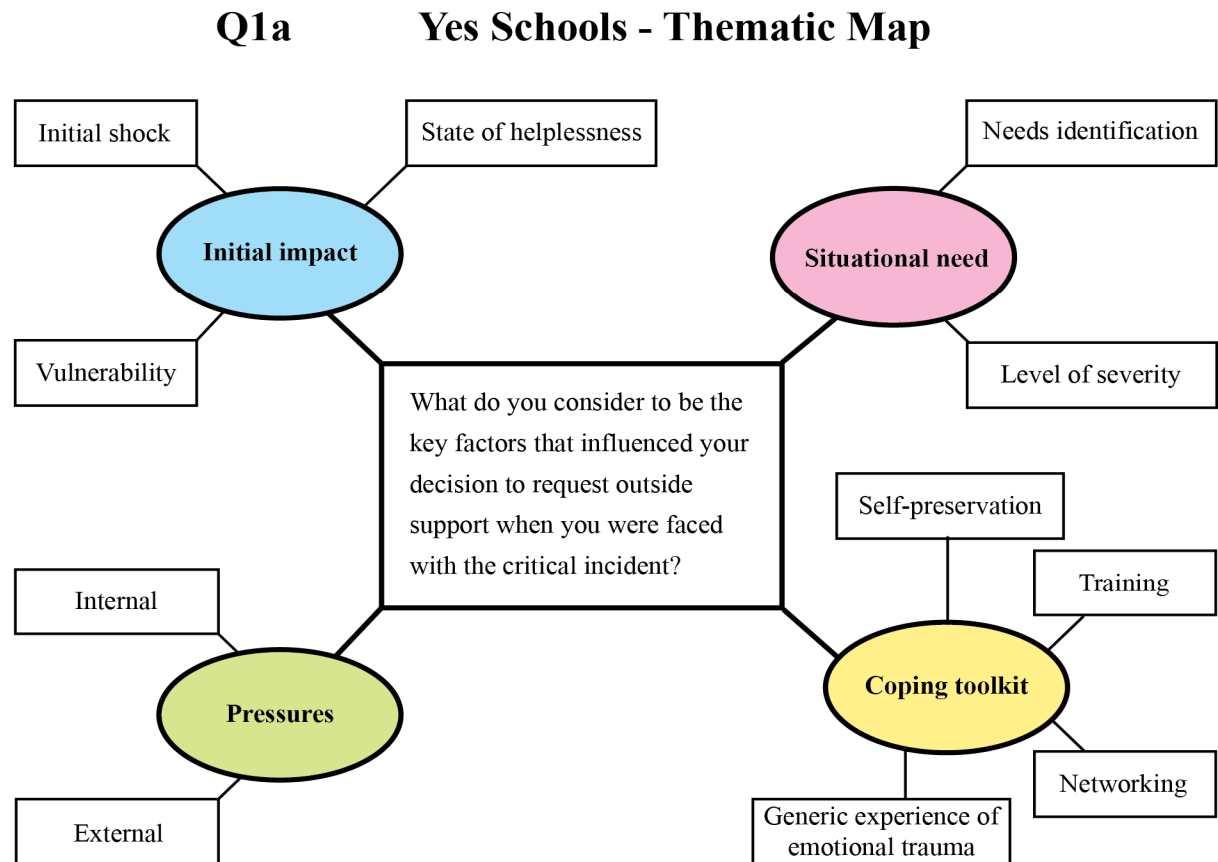
Q1a   Yes Schools – Thematic Map

The school's perception of their ability/inability to cope was a key factor in the decision-making process.

Situational Need emerged as the strongest factor, coded as 'needs identification' and 'level of severity'. Clearly in a C.I., identification of the resultant needs across the school community is paramount, as exemplified by:

> *not being in the right place to be supportive of each other because they were in need of support themselves* (**I2 PAR2 Q1a p1**).

> *they all needed help and so our first port of call probably was to, ring for the L.A. services to see what could happen* (**I3 PAR3 Q1a p1**).

The 'needs identification' in schools involved a broad spectrum of considerations those most affected and others involved: pupils, staff and families.

The 'level of severity' also determined *Situational Need. "Primarily the nature of the incidents that took place"* **(I5 PAR5 Q1a p1)**, where the school had experienced the loss of a student through suicide, for example. In another case, the extreme nature of the suicide of a non-teaching staff member prompted the decision, *"reason for getting you guys involved really was the, the actual severity of the incident"* **(I12 PAR12 Q1a p1)**.

The very nature of a C.I. being CRITICAL creates a situational need which in turn determines specific needs and which is influenced by the level of severity of the incident.

Initial Impact emerged as the second strongest factor, coded as 'state of helplessness', 'initial shock' and 'vulnerability'.

Participants reported on how the overwhelming experience of a C.I. could affect the school community. The position of 'state of helplessness' is characterised by:

> *the school wasn't in the right place to deal with that emotional baggage on its own… but definitely, at that time we definitely weren't ready* **(I6 PAR6 Q1a p1)**.
>
> *we were just, were just sort of helpless* **(I3 PAR3 Q1a p1)**.

The Initial Impact manifests itself as 'initial shock' for several participants:

> *we were both very shocked obviously dealing with the incident, you know and having to deal with the member of staff* **(I12 PAR12 Q1a p1)**.
>
> *because the parent was in a state of shock and panic themselves that obviously, went onto the child* **(I4 PAR4 Q1a p1)**.

The 'initial shock' as experienced and described by participants was indeed an important key factor in the decision-making process.

'Vulnerability' is highlighted as the third code of the theme *Initial Impact:*

> *we knew that they would be particularly vulnerable* **(I4 PAR4 Q1a p1)**.
>
> *I just felt that as a school we weren't in a position where we could actually support each other in the way that we wanted to* **(I6 PAR6 Q1a p1)**.

The *Initial Impact* precipitated by the incident therefore presented participants with huge emotional challenges that were apparent by their responses. One interesting observation compounding the *Initial Impact* theme was that each of the schools experienced at least two coded factors ('helplessness', 'shock', 'vulnerability'). This therefore seemed to reinforce the need for schools to request external support whilst in a state of destabilisation.

Some participants considered the internal *Coping Toolkit* of the school. The emerging codes included 'generic experience of emotional trauma', such as *"we tend to deal with lots of emotional stuff"* **(I2 PAR2 Q1a p1)**. There was also evidently an element of 'self-preservation' in coping as: *"I was thinking of myself"* **(I3 PAR3 Q1a p1)** exemplifies. The *Coping Toolkit* was strengthened however through 'networking' and 'training'. The former was highlighted by Participant 6, who had heard about very effective external support in another school. Training emerged as an important factor particularly for Participant 12: *"although we were both quite shocked on the day, the training kicked in and we both said 'right we need to contact'"* **(I12 PAR12 Q1a p1),** "contact" referring to external support.

Therefore the *Coping Toolkit* was a key factor influencing the decision to request support, particularly due to 'networking' and 'training'.

Pressures also influenced the decision-making process; a key internal pressure was staff changes and external pressure was Ofsted inspections. The occurrence of a C.I. further impacted on the school which was already experiencing significant pressure.

In response to interview Question 1a, the most significant key factors that influenced the request for external support by the **Yes Schools**, were the severity and shock of the onset of the C.I. leading to helplessness and vulnerability and, through needs identification, support

was sought. Training, networking and pressures were important factors but this only applied to one specific school in each case.

Q1b - Type of School:

This question was designed to elicit from participants whether the actual type of school made any difference in influencing the decision to request outside support.

The following three themes emerged: *Special School, Church School* and *No Significant Difference,* as in Figure 2.

Figure 2. (Coding Grid - Table 2.)

Q1b   Yes Schools - Thematic Map
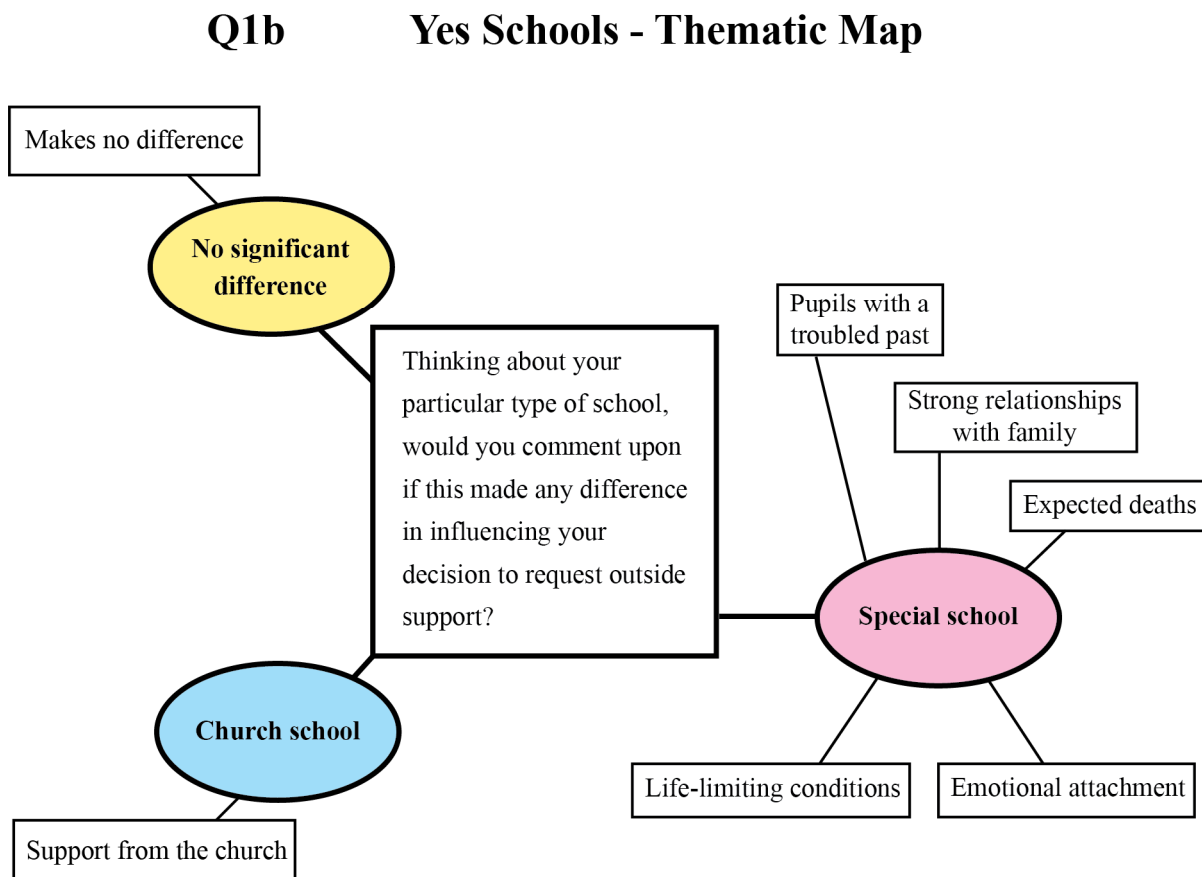
Special School encompassed the following five codes: 'emotional attachment', 'life-limiting conditions', 'strong relationships with family', 'expected deaths', and 'pupils with a troubled past'.

'Emotional Attachment' was important for one special school in particular and is expressed in the following way:

> *Relationships that had been built up while he was here were probably of a much more, deeper, caring relationship than maybe potentially would happen in a sort of mainstream day school* (**I2 PAR2 Q1b p2**).

The participant seems to imply here that their special education environment may be more conducive to developing emotional relationships of a better quality than could be achieved in a mainstream environment.

Providing an education for children and young people with 'life-limiting conditions' was a regular occurrence in special school settings. Only one participant's comment is recorded as to whether the type of school made any difference:

> *I'm not quite sure it made a difference but obviously it affects us more because you know some of the students here do have life threatening conditions themselves, and I think it was the previous September we lost the last child* (**I3 PAR3 Q1b p1**).

Therefore the type of school due to the nature of its population indirectly has a propensity towards C.I. experiences.

The idea of building 'strong relationships with family' is reported with reference to the family of the subject of the C.I.:

> *because you have a much more holistic view of the child and within the context of their family and context of their own emotional needs, but you also build relationships along those lines* (**I3 PAR3 Q1b p2**).

The occurrence of 'expected deaths' is also reported by the same participant:

> *she was off sick for a long, long time so we knew it was going to happen* (**I3 PAR3 Q1b p2**).

It would seem that deaths that are deemed expected would, to a certain degree allow the school additional time to plan for such an eventuality.

'Pupils with a troubled past' emerged as a code for *Special School*:

> *I think it did actually because a lot of the children that come to us have already had a trauma of some sort in their lives, personal or within their family and you don't always know what, what they might be thinking* **(I5 PAR5 Q1b p1)**.

This participant believes that the type of school did make a difference in the decision-making process to request outside support.

The theme *Church School* is coded as 'support from the church'. Although this is supported by only two comments from one participant, it is felt that it should be included because the interview question related to type of school, in this case it being a church school:

> *We did have some support from the church at that time and I know the family had some support from the church* **(I6 PAR6 Q1b p1)**.

No Significant Difference emerged as the strongest theme and is coded as 'makes no difference':

> *tried to think if I was a church school, or a special school would I have acted…I think because the incident involved a member of staff we'd have probably followed it no matter what, whether we were a church school or special school, or a secondary or primary* **(I12 PAR12 Q1b p2)**.

The general consensus therefore across the sample suggested that the type of school made little difference in influencing the decision to request outside support.

Q1c - People Involved:

The decision to request outside support following the C.I. was an important judgement in the context of the needs of the school, given the nature of the incident and the resultant traumatic period that ensued. The person or persons responsible for making the final decision varied slightly across schools. The decision was either made unilaterally by the school's Principal/

Head Teacher*: "so therefore, I didn't feel that we'd got anybody else that could at that point. And so therefore I did, I did make the decision on my own"* (**I6 PAR6 Q1c p2**), or

the decision was made collaboratively through consultation with members of the Senior Management Team (S.M.T.): *"as soon as we got back to school we discussed it and decided we were, as a group that we were going to get support"* (**I5 PAR5 Q1c p2**).

It would seem likely that the decision was made in the interest of those affected whilst taking account of the magnitude of the incident.

Q1d - Staff and/or Pupil Responses:

This question identified three themes: *Psychological Impact, Normalisation* and *External Considerations,* as in Figure 3.

Figure 3. (Coding Grid - Table 3.)

Q1d   Yes Schools - Thematic Map
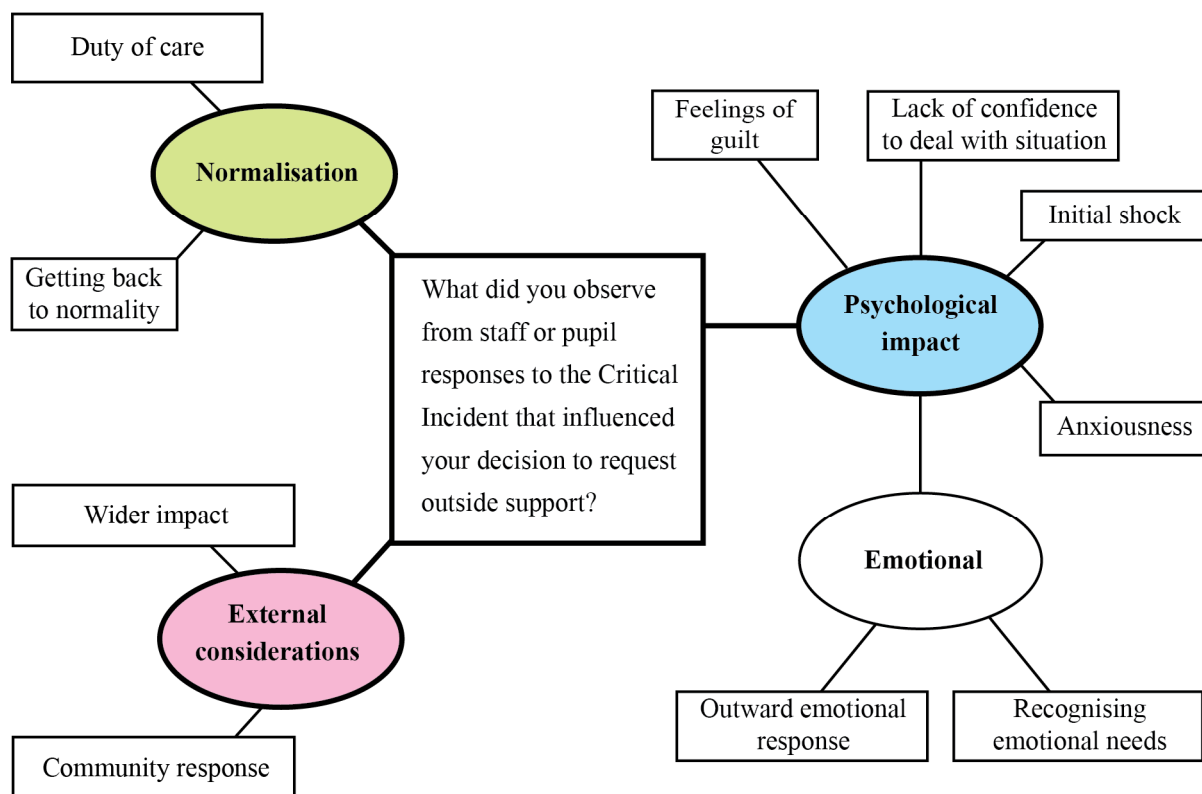
Psychological Impact was the most prominent theme and is coded as: 'feelings of guilt', 'anxiousness', 'lack of confidence to deal with situation', 'initial shock', 'outward emotional response', 'recognising emotional needs'.

'Feelings of guilt' were made explicit in the interviews:

> *You know yourself I felt really guilty about what had happened. And I think maybe me feeling like that I knew, that, staff would not feel guilty cause they saw it from a different perspective* (**I12 PAR12 Q1d p3/4**).

> *Worried that they had somehow missed something that could have prevented what had happened taking place* (**I2 PAR2 Q1d p3**).

Some participants experienced feelings of 'anxiousness', expressed as:

> *there was a drama about it before the children, and so children were already worked up about it not quite knowing the full facts before they came into school on the Monday* (**I4 PAR4 Q1d p3**).

'Lack of confidence to deal with situation' is reported by four participants:

> *And so I felt that we needed some, some external help that could listen, that could potentially talk about, ways to deal with stuff that I simply hadn't got the knowledge of* (**I2 PAR2 Q1d p3**).

> *Because it was like, we don't know what to do in the first instance* (**I4 PAR4 Q1d p2**).

The 'initial shock' as a result of the C.I. is a major factor that influenced the decision-making process:

> *So everybody was shocked* (**I3 PAR3 Q1d p2**).

> *And obviously the shock of what we were actually looking at and experiencing* (**I12 PAR12 Q1d p3**).

'Outward emotional response' is coded as such to exemplify the visible emotional and/or physical responses that participants described in the interviews:

> *It was the emotional stress that, that there were so many staff devastated, in tears… and almost hysterical when they had the shock news* (**I3 PAR3 Q1d p2**).

> *Obviously there were tears* (**I2 PAR2 Q1d p3**).

'Recognising emotional needs' yielded the greatest number of participant responses. That is, one hundred per cent of the **Yes School** participants recorded a statement under this code.

> *I would say for us, the biggest impact that the incident had was on the staff rather than the child* (**I6 PAR6 Q1d p2**).

> *So I think that was a big factor in the fact that I knew straight away that staff would need support and help* (**I12 PAR12 Q1d p3**).

The justification for applying the separate codes of 'outward emotional response' and 'recognising emotional needs', for what appears to be essentially a category under <u>emotional</u> was because, on closer examination of participant responses, there is a clear qualitative difference in the narrative which meant that it was necessary to categorise the codes separately in order for this to be captured.

Normalisation is coded as 'getting back to normality' and 'duty of care'. The idea of 'getting back to normality' is surprisingly represented by only one participant:

> *There's always though, although someone's died life's still got to go on* (**I3 PAR3 Q1d p2**).

'Duty of care' yielded a high response from participants; five out of the six Yes School participants recorded such statements:

> *And my duty of care is looking after the staff as well as you know* (**I2 PAR2 Q1d p3**).
>
> *So, it was the vulnerability of the children and also the, the staff's confidence in dealing with that really* (**I4 PAR4 Q1d p3**).

External Considerations is coded as 'wider impact' and 'community response'. The wider impact of the C.I. is observed:

> *So the impact wasn't just for our school, it was the other schools he was working with* (**I3 PAR3 Q1d p2**).
>
> *Then there was the upset of the parent being very well known in school, you know was a very active member of the school community. So it was a duel, it was a duel really cause it was personal and professional* (**I4 PAR4 Q1d p2/3**).

'Community response' is acknowledged by one participant:

> *Because we had a lot of work to do obviously following the incident with the local community and because we couldn't really say anything and that was difficult for us and them* (**I12 PAR12 Q1d p3**).

Q1e - Historical Factors:

The aspect of historical factors was examined in the context of attempting to identify whether any causal features were evident in influencing the decision-making process to request outside support.

Participants' responses to this question identified two themes: *Previous Incidents* and *Specific Needs,* as in Figure 4.

Figure 4. (Coding Grid - Table 4.)

Q1e   Yes Schools - Thematic Map
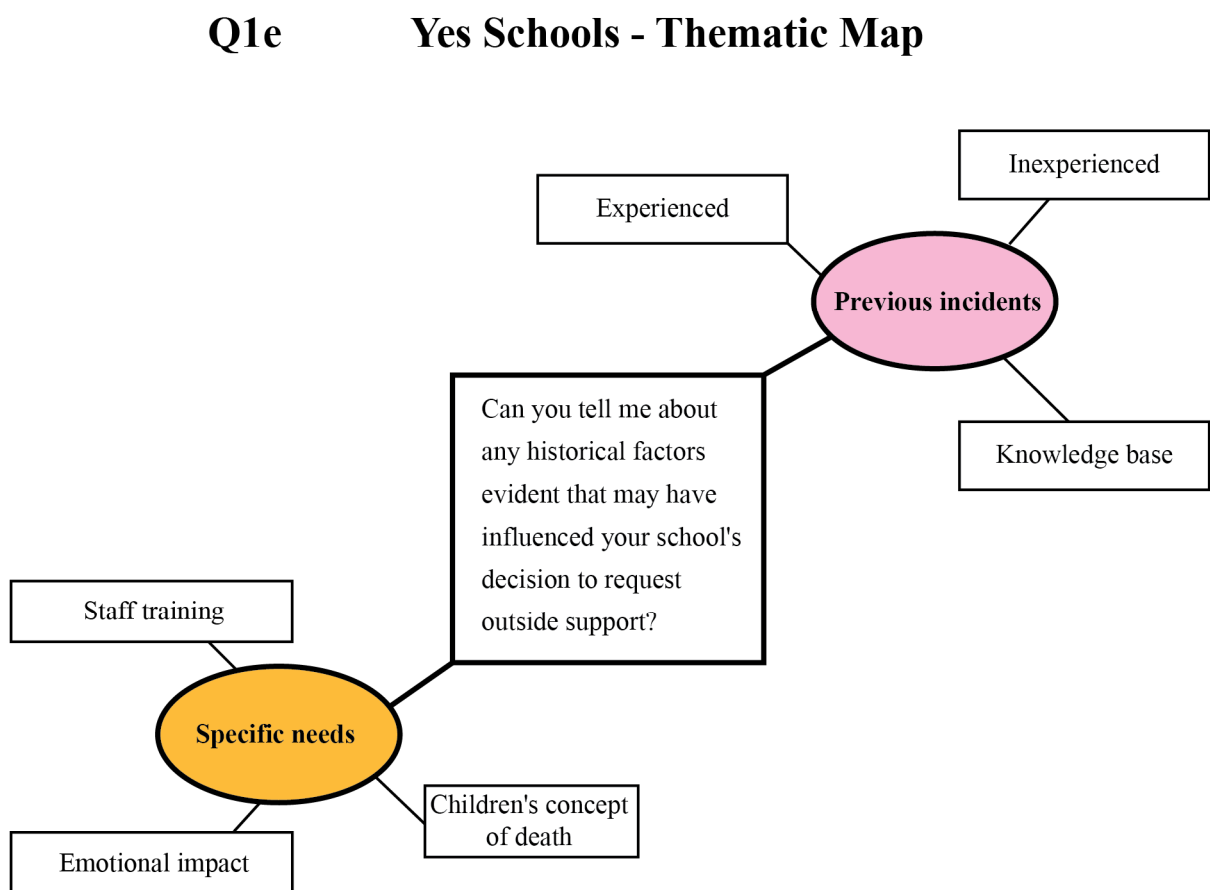
Previous Incidents is coded by: 'experienced', 'inexperienced' and 'knowledge base'. 'Experienced' yielded the highest number of respondents as four out of the six participants recorded a data extract:

> *Historically I know that there had been another incident many, many years ago prior to me arriving here where an ex pupil had passed away* **(I2 PAR2 Q1e p3)**.

> *So I think that's the historical and that we've used your services in the past, so we said right, ok we, we need it again* **(I3 PAR3 Q1e p3)**.

'Experienced' refers to schools that had previously experienced or reported a Critical Incident.

'Inexperienced' is reflected by:

> *I think that in some ways it, it was the fact that there hadn't been any experiences that we could call on, upon at that time to support us* **(I6 PAR6 Q1e p2)**.

'Inexperienced' refers to schools that had not previously experienced or reported a Critical Incident.

'Knowledge base' is coded as such because it captures the school's capacity to deal with the incident from a historical perspective:

> *but back then I dealt with it in a way that I would have expected to deal with it then with the knowledge that I had* **(I12 PAR12 Q1e p4)**.

Specific Needs was coded as: 'staff training', 'children's concept of death' and 'emotional impact'.

The need for 'staff training' to cope, based on the school's previous historical experience of being involved in a C.I., is reported:

> *But it was also then, also highlighted that what training requirements the staff needed* **(I4 PAR4 Q1e p4)**.

'Children's concept of death' from a historical perspective is recognised:

> *Because he understood from past, the impact of any kind of death on children, it can reach them in many different ways. Linked to their own personal circumstances, you know they may have lost a grandparent or a pet or anything like that* **(I4 PAR4 Q1e p3)**.

The 'emotional impact' of having experienced a C.I. is an important historical factor that influenced the decision to request outside support:

> *So, the emotional baggage that staff had got at that point was quite high anyway and again that was one of the key things for requesting the outside support* **(I6 PAR6 Q1e p2)**.

The wider psychological effect of the 'emotional impact' resonated with one school in the following way:

> *we're very much a family school and you know, one person's feelings affects another, affects another, affects another* **(I3 PAR3 Q1e p3)**.

This quote particularly highlights how 'emotional impact' can have a ripple-type effect on the school population.

Q1f - Cultural Factors:

Two themes were identified here, namely *Response to the Family* and *School Well-being,* as in Figure 5.

Figure 5. (Coding Grid - Table 5.)

Q1f   Yes Schools - Thematic Map
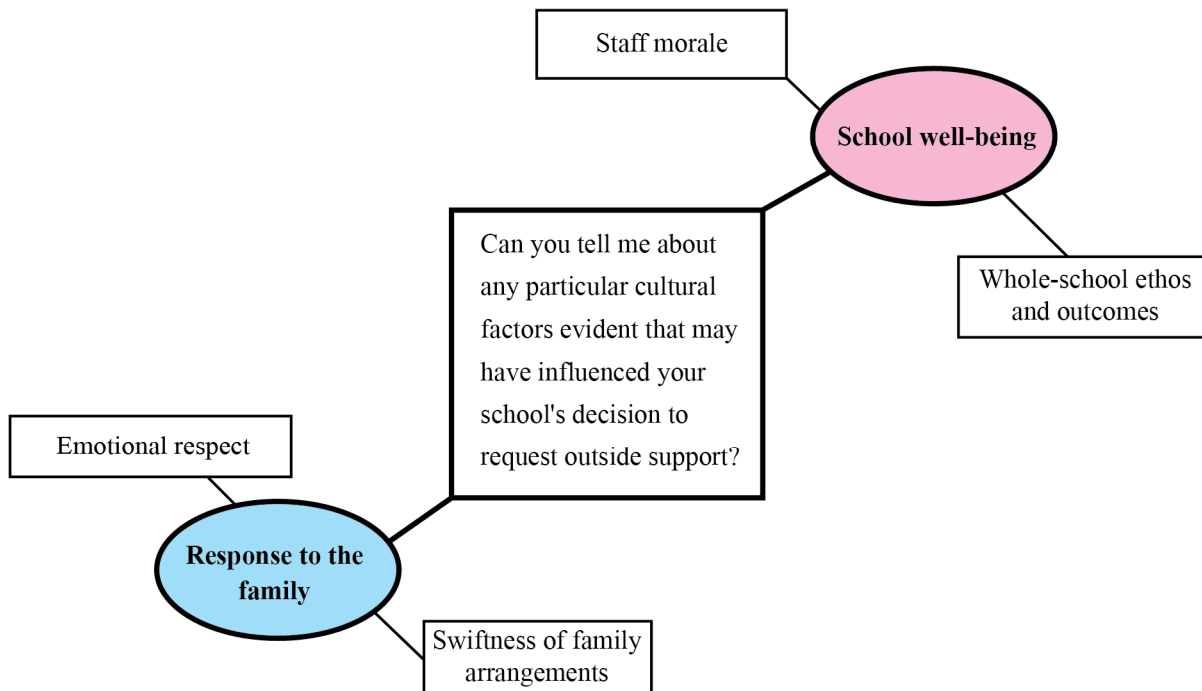
Response to the Family is coded as: 'emotional respect' and 'swiftness of family arrangements'.

'Emotional respect' is exemplified by:

> *So it definitely gave us the confidence to know that what we were doing and, and saying and the way we were working with the family was, was ok. We weren't going to put our foot in it or…* **(I6 PAR6 Q1f p3)**.

It seems here that the school was tuned-in to the needs of the family, particularly from a cultural perspective, with care to ensure that they did the right thing.

The 'swiftness of family arrangements' is highlighted as an important cultural factor in some communities, particularly in relation to the funeral:

It all happened very, very quickly. You know the incident itself where the parent died, but then also how quickly the grieving and the burial process was as well was something that we felt we had to act really quickly on because the children had to, particularly the little girl herself, had to really had to get her head around that really quickly **(I4 PAR4 Q1f p4)**.

School Well-being is coded as 'staff morale' and 'whole-school ethos and outcomes'. 'Staff morale' is viewed as an important factor in the culture of the school:

so we have had to support really and manage the process over the last year really and after the affects it's had on staff morale and the culture of the staff, although I will say at this moment in time you know it very quickly got you know staff quickly settled down and we moved on from it all **(I12 PAR12 Q1f p5)**.

'Whole-school ethos and outcomes' is illustrated by;

we are you know quite a caring school, as I'm sure all heads would like their school to be thought of but, the biggest thing for me really was the keeping the relationship of the school together **(I12 PAR12 Q1f p5)**.

Q1g - Religious Factors:

This question attempted to elicit whether any factors associated with religion featured in the school's decision to request outside support. All participant responses state that religion is not an influential factor in the process.

Q1h - Local Neighbourhood:

Four themes were identified: *Information Sharing, Community Relationships, Relationships with Family* and *Support Connectivity,* as in Figure 6.

Figure 6. (Coding Grid - Table 6.)

Q1h   Yes Schools - Thematic Map
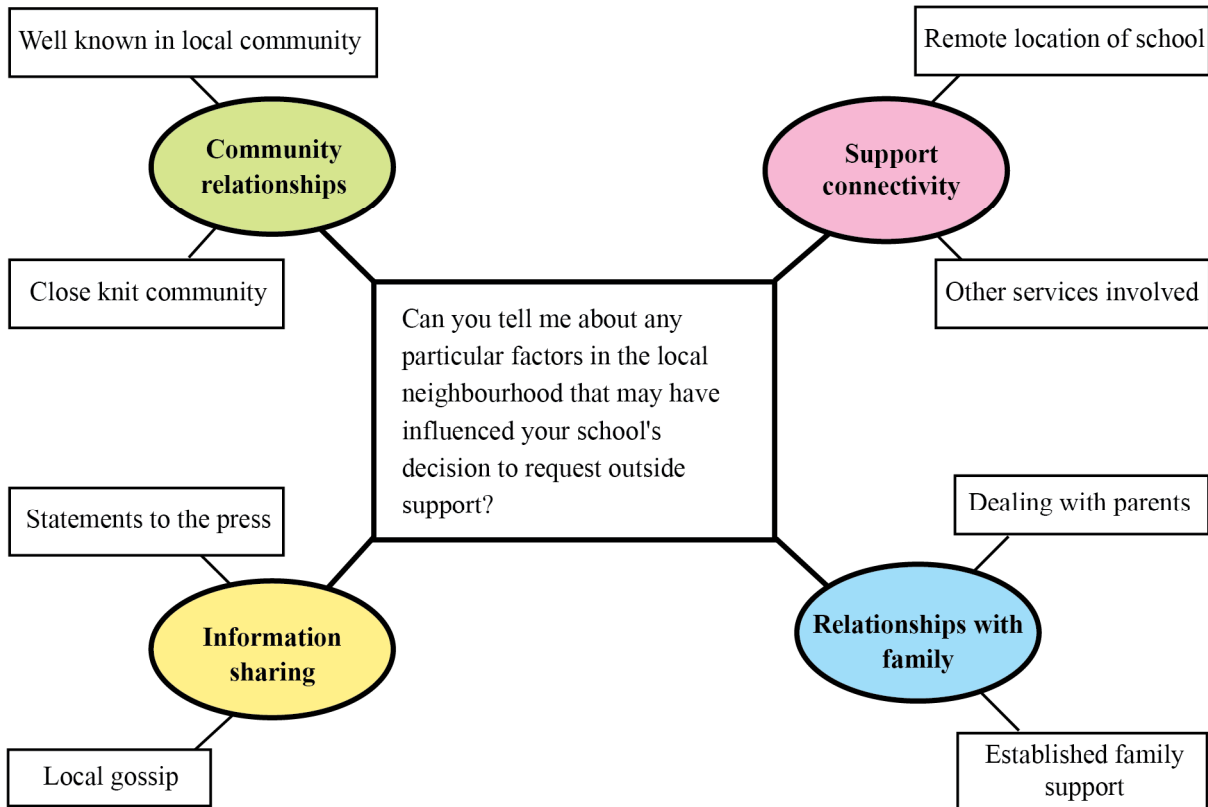
Information Sharing is coded as: 'statements to the press' and 'local gossip'. 'Statements to the press' is presented as:

> *I requested support from the local authority with things like press release and the letters that went out to parents* **(I12 PAR12 Q1h p7)**.

'Local gossip' is presented as:

> *People add their own bit on don't they to make it a little bit more interesting than the last person. And so I thought it was important to, to try and stop that really* **(I5 PAR5 Q1h p4)**.

There are some similarities between the two quotes above in that both participants attempt to ensure that accurate information is given out and any inaccurate information minimised.

Community Relationships is coded as: 'well known in local community' and 'close knit community'. 'Well known in local community' is reported as follows:

> *A lot of parents were very friendly with each other and, you know would have their social events out of school* (**I4 PAR4 Q1h p5**).

'Close knit community' is similarly reported by one participant:

> *I was very conscious of the fact that actually the community could turn very easily against the school you know, cause I know the family blamed myself for what happened* (**I12 PAR12 Q1h p7**).

Relationships with Family is coded as: 'dealing with parents' and 'established family support'. 'Dealing with parents' is informed by:

> *but you know for us it was standing on the front school gates when the school re-opened and facing all of the parents and answering all of their questions, that sort of thing* (**I12 PAR12 Q1h p7**).

'Established family support' is highlighted by one school in the following way:

> *we had had massive input with this young man and his family* (**I2 PAR2 Q1h p5**).

Support Connectivity is coded as: 'remote location of school' and 'other services involved'.

'Remote location of school' is exemplified by:

> *Obviously, a school like this affects the whole of (***) and wider because the pupils come from the whole of (***), (***), some from (***), (***). And so it affects a whole area* (**I5 PAR5 Q1h p4**).

'Other services involved' is exemplified by:

> *looked like he would be sent to a young offenders institution and apparently his parents, his mum, I think he lived with his mum, yes he did, would be losing her house as a result* (**I5 PAR5 Q1h p5**).

Support Connectivity therefore pertained more to the geographical location of the school in relation to how accessible outside support could be attained in the event of a C.I.

The type of C.I. that was experienced by the school is explored in order to extrapolate as to whether it influenced the decision to request outside support.

The thematic analysis identified three themes: *Significant Situation, Initial Impact* and *Pastoral Support,* as in Figure 7.

Figure 7. (Coding Grid - Table 7.)

Q2 Yes Schools - Thematic Map
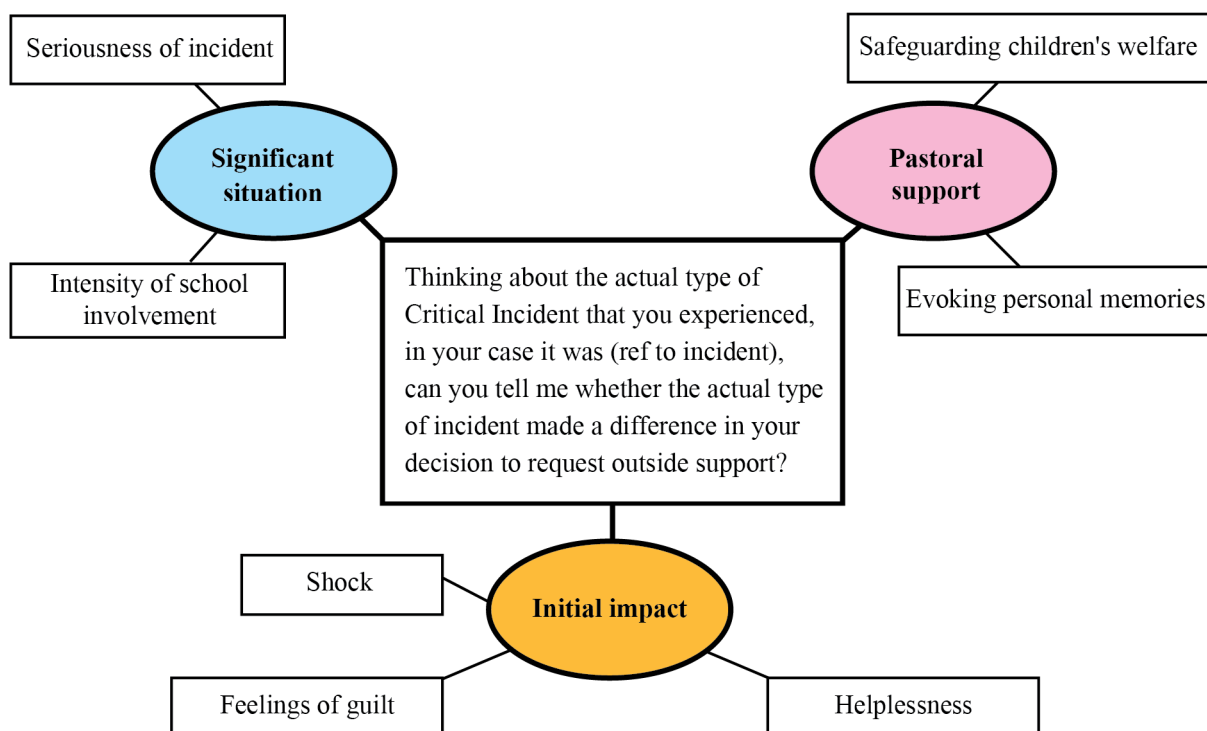
Significant Situation is coded as: 'seriousness of incident' and 'intensity of school involvement'. 'Seriousness of incident' generated three data extracts from one participant.

This participant seemed to agree that the type of incident did influence their decision:

> *I think the answer to that would have to be yes. Like I said, like you've said on a scale of one-to-ten then we're probably at the top end of the scale* (**I12 PAR12 Q2 p8**).

'Intensity of school involvement' is illustrated by:

> *I think at that point in the way school was, whatever incident it was we would have asked for support but this, the way it happened compounded it really* (**I6 PAR6 Q2 p4**).

This extract suggests that the type of incident wasn't necessarily influential in the decision-making process per se; however the nature of the incident added a dimension that may have swayed the decision.

Initial Impact emerged as the most significant theme, generating the most participant responses overall. *Initial Impact* is coded as: 'shock', 'helplessness' and 'feelings of guilt'. 'Shock' yielded the highest number of data extracts, such as:

> *It was maximum shock, to us all* (**I3 PAR3 Q2 p4**).

> *It was so out of the blue with someone who's you know seemingly very healthy, very active. For that to happen to them, it was hard for everybody to get their head round. So, yeah it did make a difference I think* (**I4 PAR4 Q2 p5**).

Participant 4 acknowledges here that the suddenness of the C.I. did have a significant impact in the decision-making.

'Helplessness' is characterised by:

> *I think it was the helplessness of the situation. We could do no more* (**I2 PAR2 Q2 p5**).

'Feelings of guilt' features as:

> *And so a lot of things that we spoke about was, was that, did we get it wrong? Could we have done it differently? And again, those guilt feelings. So I think the type of incident yes it did make a difference* (**I6 PAR6 Q2 p4**).

Participant 6 acknowledges here that the type of incident did have an influence on the decision-making process. In this case it involved a child with a terminal illness.

Pastoral Support is coded as: 'safeguarding children's welfare', and 'evoking personal memories'. 'Safeguarding children's welfare' is exemplified by:

> *Because of the sort of things that children say to each other and hear and, make up and add bits to … and because of their own traumas it was really important to get this support in quickly so that we could stop as much talk as we could* **(I5 PAR5 Q2 p5)**.

Again in this data extract participant 5 alludes to the idea that the type of incident did influence their decision-making, particularly in the context of safeguarding.

'Evoking personal memories' is exemplified by:

> *was only really just getting over the death of my own father. Again cancer related. So I think looking back, yes that did make a difference* **(I6 PAR6 Q2 p4)**.

Participant 6 again reflects that the type of incident had an influence on the decision to request outside support.

Q3 - Short-term, Medium-term and Long-term Strategies:

Q3 addressed strategies that were implemented by the school to support the C.I. The temporal dimension was explored to ascertain participants' short-term, medium-term and long-term coping strategies although no specific time-bounded definitions were presented by the interviewer, thereby enabling participants to express their narratives freely. Despite this, as participants' discourse unfolded, in some cases inevitably some responses did merge together resulting in repetition and overlap. Therefore it was most appropriate to create one thematic map that encompassed short-term, medium-term and long-term coping strategies which established a higher degree of cohesion across themes, whilst still preserving distinct temporal variations.

Six themes were identified: *Coping Strategies for Staff, School Systemic Response, Relationships with Family, Remembering, Young People Support* and *External Support,* as in Figure 8.

Figure 8. (Coding Grid - Table 8.)

Q3a, 3b, 3c   **Yes Schools - Thematic Map**

(a, b or c) alongside codes corresponds to responses to Q3a, 3b or 3c respectively
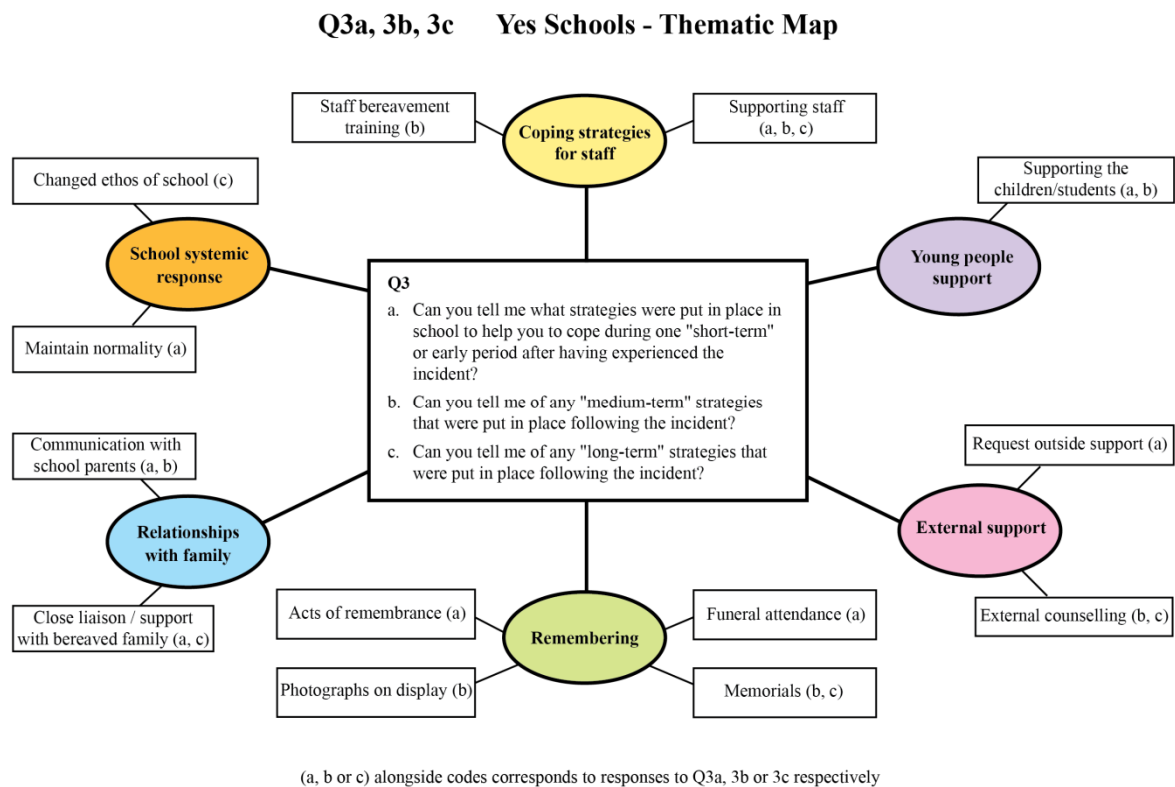
Coping Strategies for Staff is coded as: 'supporting staff' and 'staff bereavement training'. The 'supporting staff' code saw short-term coping strategies as most dominant, exemplified by:

> *So in the short-term we put some measures in place to cope, to support the staff who'd just been through that trauma* (**I12 PAR12 Q3 p8**).

> *The main strategy was getting people to talk, giving people the time to talk, giving people the opportunity to talk* (**I6 PAR6 Q3 p5**).

These immediate short-term strategies demonstrate the responsiveness of the participant in enabling pastoral support for staff.

Data extracts for medium-term strategies included:

> *medium-term we've got a very strong supervision structure here anyway, and we continue to use that to give on-going support to how people felt* **(I2 PAR2 Q3 p6)**.

Long-term included:

> *I know when they give birth I'll just need to keep an eye on them* **(I12 PAR12 Q3 p12)**.

This is an example of long-term foresight by the participant, preparing to support specific staff facing the challenge of childbirth, in the post-traumatic period of the C.I.

'Staff bereavement training' is an example of a medium-term coping strategy for staff described as:

> *The medium-term was more to do with staff training. So it was 'this is the plan and what we're doing', you know for this incident so we, we had a plan of how to deal with it* **(I4 PAR4 Q3 p6)**.

School Systemic Response is coded as: 'maintain normality' and 'changed ethos of school'.

Maintain normality emerged as a short-term strategy for some schools:

> *we carried everything on as normal in the school as much as we could…* **(I12 PAR12 Q3 p8)**.

> *…continuing to maintain, the equilibrium for the children that were here and maintain the service …* **(I2 PAR2 Q3 p5)**.

It was important to some schools to maintain normal resumption of "business as usual", despite being in the difficult situation of having to cope with a C.I.

'Changed ethos of school' is reported by a single participant and regarded by them as a long-term factor.

> *I think it'll have a long-term impact and I think it has changed or it's contributed to the change in ethos in school* **(I6 PAR6 Q3 p6)**.

Although the above data extract was elicited from only one participant, it was felt important to recognise this code due to the enormity of the systemic impact that it had on the school.

Relationships with family is coded as: 'close liaison/ support with bereaved family' and 'communication with school parents'

'Close liaison/ support with bereaved family' is featured as:

> *One of the things that we did put into place immediately was the fact that obviously we were liaising very closely with the child's family* **(I2 PAR2 Q3 p5)**.

Offering support for the family was arranged and quickly put into place as a short-term strategy by this participant.

'Communication with school parents' is presented as:

> *It was also keeping parents informed … follow-up letters over the next couple of days to all parents which we did* **(I12 PAR12 Q3 p9)**.

The participant described this as a short-term strategy in this particular instance. However, the same participant also referred to medium-term/long-term strategies in the following data extract:

> *I think medium-term, you know we looked at, again the long, longer-term communication with the parents so they knew what was going on over the week* **(I12 PAR12 Q3 p9/10)**.

Remembering is coded as: 'funeral attendance', 'acts of remembrance', 'memorials' and 'photographs on display'.

'Funeral attendance' as a short-term response is exemplified by:

> *We requested that the school be shut on the day of the funeral so that all staff who wanted to attend the funeral, and all pupils who wanted to attend the funeral, that, that could be made as some sort of support mechanism for the family and the staff in getting some sort of closure on it* **(I2 PAR2 Q3 p5/6)**.

It was decided to group together the codes of: 'acts of remembrance', 'memorials' and 'photographs on display' due to their similarity. The resultant participant data extracts were identified across the three areas of short-term, medium-term and long-term as follows:

Short-term:
> *we got the local vicar in from the local church and the children were given the opportunity to put forward any ideas; poems or anything they wanted to, pictures, anything at all* **(I5 PAR5 Q3 p6)**.

Medium-term:
> *Obviously is you've got the memorial garden there* **(I3 PAR3 Q3 p5)**.

> *One thing we didn't want to do was take his photos down from around the school… when they came down the photos came down because it was time to change them* **(I5 PAR5 Q3 p7)**.

Long-term:
> *And then in school, as a long-term thing, we've made a (***) sensory room, aqua sensory room near the swimming pool* **(I3 PAR3 Q3 p5)**.

Young People Support is coded as: 'supporting the children/ students'. Data extracts for this code were identified as short-term and medium-term:

Short-term:
> *Putting strategies into place into reassuring all of the children. Because in the early period (***) wasn't in school so it was how we were dealing with the incident with her not there really* **(I4 PAR4 Q3 p6)**.

Medium-term:
> *…the route we went down is … if the children did ask about it we did through the nurturing and through PSHE sessions* **(I12 PAR12 Q3 p11)**.

The above are examples where it was deemed important for schools to ensure that provision was available to support any child or group of children whom they thought would potentially be vulnerable due to the after-effects that resulted from their traumatic experience.

External Support is coded as: 'request outside support' and 'external counselling'. Request outside support' is considered as an initial short-term response by participants:

> *But you came in and helped us kind of able to plan that out really and try and identify how to deal with it* **(I4 PAR4 Q3 p6)**.

I think that the work that the Critical Incident Team that yourself did, it was about sort of triggering those conversations without leading them… **(I6 PAR6 Q3 p5)**.

The need for schools to request external support is therefore a key feature during the early phase of the event of the C.I.

'External counselling' is categorised by participants as both medium-term and long-term strategies:

Medium-term:
So the counselling service came in and gave them support, a lot of them also took up the individual counselling sessions as well **(I12 PAR12 Q3 p10)**.

One of the things that has been put into place for me, but has not started yet is clinical supervision; at the sort of level that educational psychologists and play therapists have **(I2 PAR2 Q3b p6)**.

Long-term:
And long-term, again just maintaining the supervision structure really and making sure that if people are feeling overwhelmed that they are signposted towards external bodies for counselling **(I2 PAR2 Q3c p6)**.

…but it was still offering that long-term support for the rest of time she was here **(I4 PAR4 Q3c p7)**.

Q4 - Whole-school, Group and Individual support:

Participants were generally able to respond across all three levels of support. Although distinctions between the three levels were useful in terms of analysis, in practice there was inevitably some cross-over between interventions on the varying levels and subsequent impact.

Whole-school support is exemplified by:

> *As a whole-school we, we did erm, we had like assemblies about the situation. Not massively, just about talking about erm, life processes really* **(I2 PAR2 Q4 p7)**.

The normal routine of an assembly provided an opportunity for internal support to be offered to both members of staff and children. The potential of such a whole-school approach is to impact at all three levels.

> *So from a whole-school point of view, you kind of helped me direct where the support needed to go but equally helped me highlight where I needed to train the staff. And so if it happened again, then we would be better equipped to deal with it. So it was kind of a preventative, you know that preventative thing so it was a proactive way of dealing with a really negative situation* **(I4 PAR4 Q4 p8)**.

Participant 4 here highlights the benefits of objective external support which enabled a whole-school support process to be considered. The C.I.R.T. acted as a catalyst to empower staff to be able to manage the current situation, whilst also equipping the school to cope with possible future similar incidents.

Group support is expressed by:

> *That was probably the best because that was where your team came in and helped us and, and that for me was almost relief. I can handover to you now as the professionals and tell us if there was anything else we needed to do. And that was really, really worked well. It was efficient. You came here, you took over basically which was what, what we needed at that point* **(I5 PAR5 Q4 p8)**.

Participant 5 here clearly embraces the external support received from the C.I.R.T. at the point of need.

> *And we made sure that everybody was aware that if they wanted any counselling or support that it was there and it's available and should they feel they needed it then they needed to come and ask so… We made sure they were all aware of the systems and they were kept informed of what was going on* **(I12 PAR12 Q4 p12)**.

The group identified specifically for support, in the case of participant 12, was the staff due to the effects of their traumatic experience. The key elements of support included raising awareness of external support options available within the system.

Individual support is evidenced by:

> *That was only for those that wanted to take up the Authority's counselling, which I did. …I don't think any other members did, even though I advised them to* **(I3 PAR3 Q4 p7)**.

The personal response and indeed the individual responsibility of the adult is intrinsic at this support level.

> *…our learning mentor saw one or two children individually but they were children who were receiving mentoring at the time anyway* **(I12 PAR12 Q4 p13)**.

Again an embedded practice in a school provided a means of internal support following a C.I.

> *…we did the individual support for the staff so you know we made sure they all got the support they needed in dealing with something like that* **(I12 PAR12 Q4 p13)**.

Internally, participant 12 had already established networks and relationships that were utilised as channels for internal support.

Q5 - Features of support received that was deemed to be: useful, less useful, strengthened the school, detrimental to school:

Q5 explores participants' generic views in terms of the usefulness of the level of support they received and how this enabled the school to resume normal routine. Four dimensions were explored to ascertain what features in the process helped and whether any features hindered the process of recovery towards a state of normality.

Q5a

Four themes were identified in Question 5a which explored the features that were useful to school: *Stress Reduction, Quality of C.I. Team Service, Staff Support* and *School Working Close With Family,* as in Figure 9.

Figure 9. (Coding Grid - Table 9.)

Q5a   Yes Schools - Thematic Map
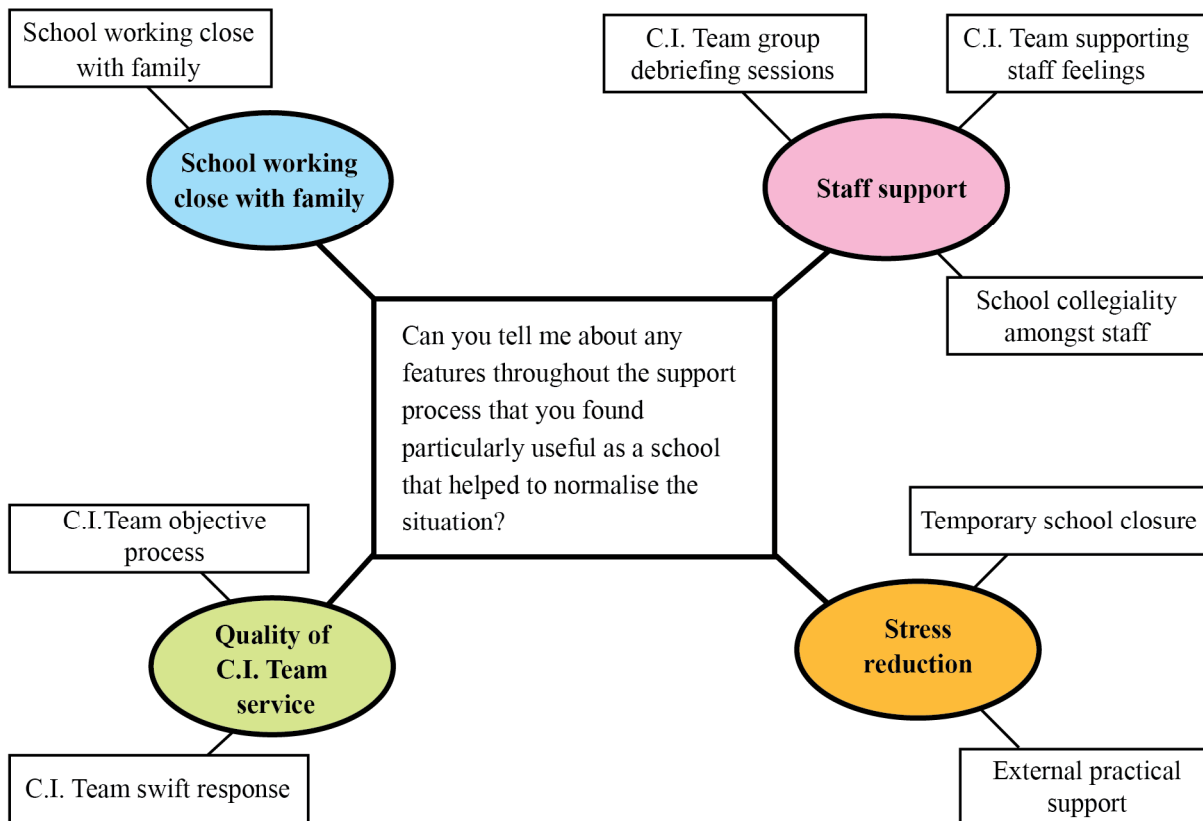
Stress Reduction is coded as: 'temporary school closure' and 'external practical support'. 'Temporary school closure' is expressed by:

> …*when you've been through something like that, that put a bit of normality back in our lives 'cause it gave us something that isn't unusual to do, to clear snow off the school site* (**I12 PAR12 Q5a p15**).

Participant 12 in this instance is referring to a period during which a decision is made to close the school due to snow, which to some extent helped to reduce the level of anxiety amongst members of staff.

'External practical support' is expressed by:

> *People outside the situation who aren't necessarily involved and can come in and, and you know [inaudible] school improvement adviser you know he came in and said 'right have you done..,' and I went 'no not yet I was just about' and he was like 'let's sit down and I'll do that for you then you can check it through'. … so it was just that sort of support helped* (**I12 PAR12 Q5a p15**).

Participant 12 again acknowledges here the usefulness of the external support received.

Quality of C.I. Team Service is coded as: 'C.I. Team objective process' and 'C.I. Team swift response'.

'C.I. Team objective process' is featured as:

> *… but I think that it was very clear what you wanted to do. There was a clear process there, you were very robust in the way you went about it and so it gave me strength possibly when I was feeling vulnerable* (**I4 PAR4 Q5a p9**).

> *Having the critical incident support team coming in it validated the depth of emotion that people were feeling* (**I2 PAR2 Q5a p9**).

Participants' views of involvement by the C.I.R.T. were positive.

'C.I. Team swift response' is featured as:

> *It was the swiftness of the response, with I think I'd phoned you on the morning and you, you virtually came straight away* (**I4 PAR4 Q5a p9**).

> *I know that the contact had been made during the holidays but as soon as was physically possible for that support to be put in place, it was* (**I6 PAR6 Q5a p9**).

Participants appreciated receiving a quick response from the C.I.R.T. following the report of the Incident.

Staff Support is coded as: 'C.I. Team Group Debriefing sessions', 'C.I. Team supporting staff feelings' and 'school collegiality amongst staff'.

'C.I. Team Group debriefing sessions' is exemplified by:

> *So, I think those sessions were really important and I would encourage anybody in that situation to have that level of support in place. Even if you think you're not going*

to need it, you'd be surprised …how children react in a positive way to it. … it was very useful **(I5 PAR5 Q5a p10)**.

'C.I. team supporting staff feelings' is illustrated by:

We weren't left feeling guilty; we weren't left feeling angry. We addressed those things very quickly **(I6 PAR6 Q5a p9)**.

'School collegiality amongst staff' is illustrated by:

… we are here for each other, we do give each other time and we need to give people time out of lesson or whatever to, to get over things. …we do that very willingly and in a very supportive, nurturing sort of way. So …I think that's one of the things this school prides itself on, is, it's, it's care, it's genuine care of the staff **(I3 PAR3 Q5a p7)**.

'School Working Close with Family' is demonstrated by:

People busied themselves with trawling all our photographs, getting a CD of photographs together, …printing out photographs. We did a display at his funeral of all the photos we had of him while he was here **(I2 PAR2 Q5a p9)**.

and there were lots of things that people were doing to feel like they were making a difference to and supporting the family. And, and that helped… **(I2 PAR2 Q5a p9)**.

Q5b

Q5b seeks to elicit some of the positive aspects of participants' experiences throughout the

support process and to highlight any benefits to the school in terms of strengths.

Three themes are identified here: *Enabling Pastoral Response, Whole-School Stability* and

Strengthened Staff, as in Figure 10.

Figure 10. (Coding Grid - Table 10.)

Q5b   Yes Schools - Thematic Map
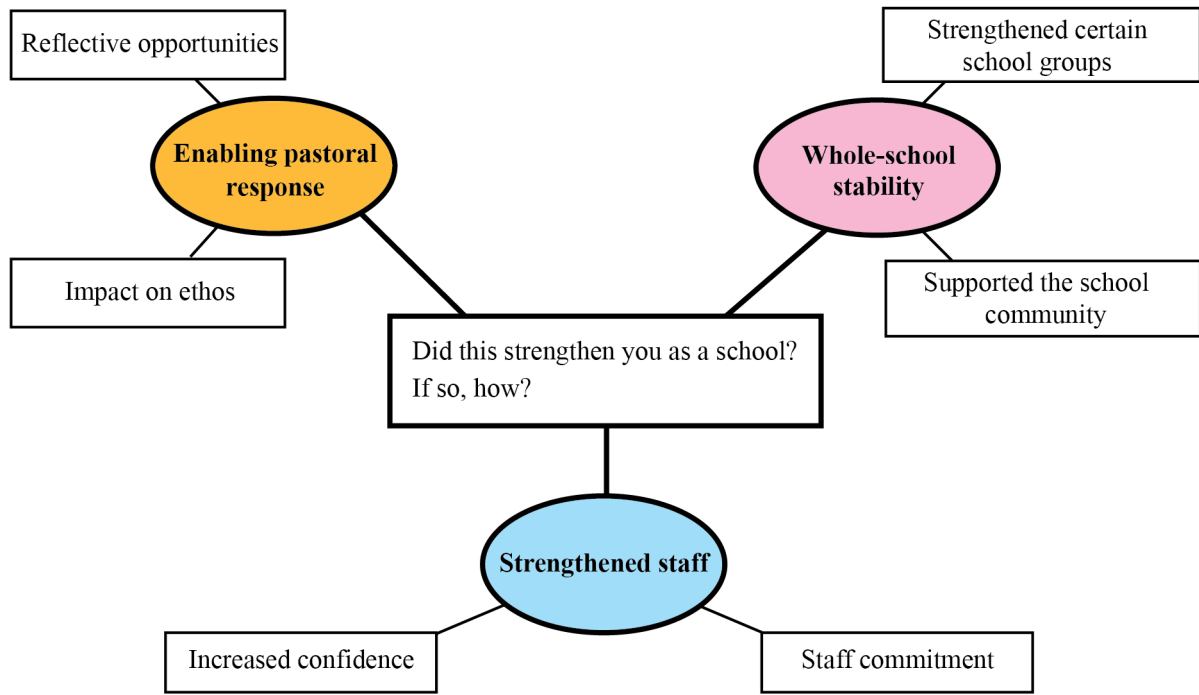
Enabling Pastoral Response is coded as: 'reflective opportunities' and 'impact on ethos'.

'Reflective opportunities' is expressed by:

> *But it strengthened us in the sense that then on the back of that, now more people have been trained in death and bereavement we've gone and looked at our curriculum; are we addressing death and bereavement? We are now"* **(I4 PAR4 Q5b p10)**.

'Impact on ethos' is expressed by:

> *…and yet we have to come in and we have to deal with children's baggage as well when we've got, when our own bags are full really so, I think it supported us in developing that ethos within school* **(I6 PAR6 Q5b p8)**.

Whole-School Stability is coded as: 'strengthened certain school groups' and 'supported the school community'.

'Strengthened certain school groups' is exemplified by:

> *It strengthened certain groups of people within the school. But not as a whole school. I think it, it left people feeling shaky. But as I say we are going through a massive, massive process of change that almost seemed to erupt, it's the only word I can use, at the same time that news came in, in January. So …people are a little shaky* (**I2 PAR2 Q5b p10**).

'Supported the school community' is exemplified by:

> *And I think the children felt supported in a bad time, not just by us but by the …wider community* (**I4 PAR4 Q5b p10**).

> *...And I think that the children and the parents and the staff felt strengthened by that because it, it made them, this is important and you're listening to us and you understand it's important* (**I4 PAR4 Q5b p10**).

Strengthened Staff is coded as: 'increased confidence' and 'staff commitment'.

'Increased confidence' is illustrated by:

> *it strengthened me personally because it was the first critical incident that I'd had to deal with, so how I would deal with it the next time, I'd have more confidence dealing with it …if it happened again and it has happened since, …different circumstances* (**I4 PAR4 Q5b p9/10**).

'Staff commitment' is illustrated by:

> *…we still did a good job with the kids last year and the staff are all to blame for that. Because they've all carried on and, and rolled up their sleeves and got on with it and done a really good job with the kids again* (**I12 PAR12 Q5b p16**).

> *…it is working well because of the way people are cooperating and understanding that we do all need to take on more tasks and do more things and juggle more balls in the air. …but that's the good that has come out of losing (***)* (**I3 PAR3 Q5b p7/8**).

Q5c

Q5c seeks to elicit whether participants faced any less useful experiences throughout the support process and whether any resultant negative factors impacted upon normalisation.

Three themes are identified here: *Systemic Limitations, Poor Liaison with the Police* and *Too Many Senior Staff Involved,* as in Figure 11.

Figure 11. (Coding Grid - Table 11.)

Q5c Yes Schools - Thematic Map
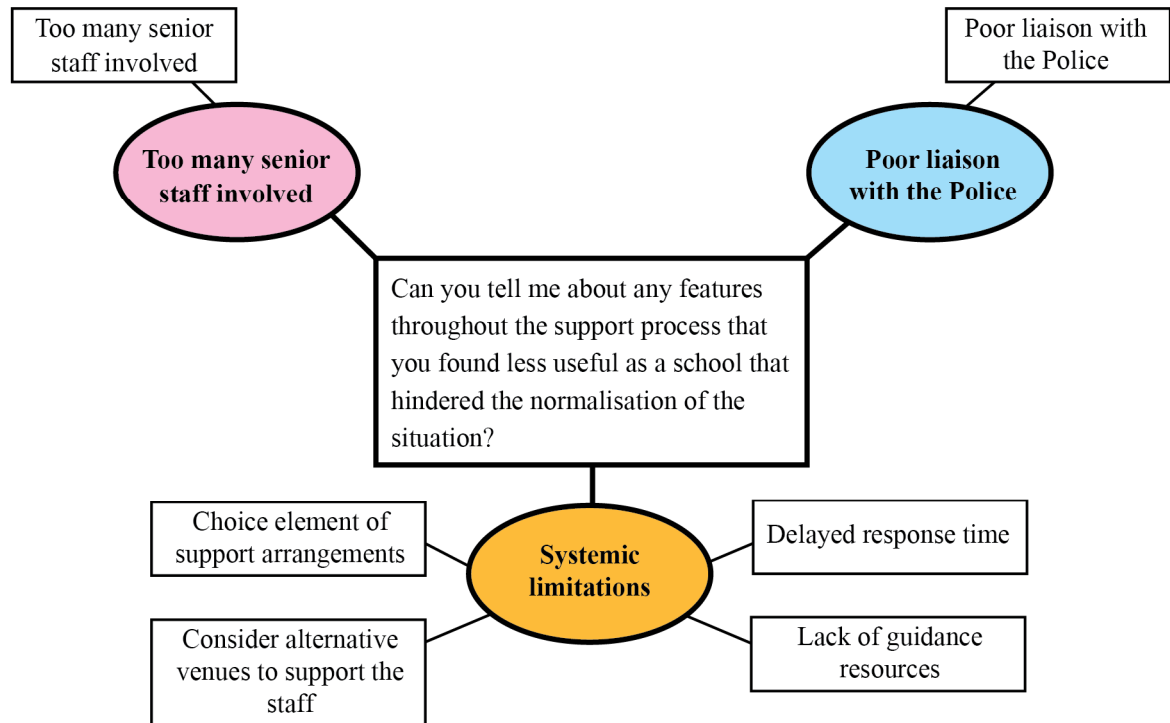
Systemic Limitations is coded as: 'choice element of support arrangements', 'delayed response time', 'lack of guidance resources' and 'consider alternative venues to support the staff'.

'Choice element of support arrangements' is expressed by:

> *this might sound, it's not critical of anybody don't, but again the initial obviously the initial response from (***) telling us what had happened and then erm, the offer of support from the critical response unit, it would have been better I feel if it wasn't an offer and a phone number but a when are they coming in* (**I2 PAR2 Q5c p10**).

'Delayed response time' is expressed by:

> *The soonest I can come in is two days' time or three days' time' yeah that's good but not as good as a 'yeah, I can come in in two minutes'. [Laughs] 'Cause that's what we could have done with, you know where is there a service out there that could do that?* (**I3 PAR3 Q5c p8**).

'Lack of guidance resources' is acknowledged by:

And maybe a simple A4 pro-forma from the Authority to say 'ooh look, just let's send this as a little guide checklist', it's something. ..you know 'you can access this here, don't forget you need to do this, you should do that, need to do that or this' it's then a simple checklist that no matter how stressed you are, even if you can't do it yourself you can pass it on to someone and say 'look, I've gotta do all this little lot'… **(I3 PAR3 Q5c p8)**.

'Consider alternative venues to support the staff' is acknowledged by:

The, the only thing I would consider next time is and it's a very hard one to judge is whether actually in school is the best place for it to happen. Logistically and actually organising it and time out of school for us is best, because there were a large number of staff that we'd got to cover not being in school but I do wonder sometimes whether …it still remaining in the building there is part of that professional hat on. How you would, where you could go or what you could do just in order to distance it that little bit more I don't know? **(I6 PAR6 Q5c p9)**.

Poor Liaison with the Police is coded as: 'poor liaison with the Police'.

This is exemplified by:

the only really point I thought well that didn't work as well as I thought it would is the liaison with the police. I think, you know on the training it said that you'd have somebody who would liaise with you and that person would keep the head teacher informed and be that liaison, we didn't really seem to have that **(I12 PAR12 Q5c p17)**.

Too Many Senior Staff Involved is coded as: 'too many senior staff involved'.

This is exemplified by:

…what didn't help was the fact that so many senior leaders actually were involved in it **(I12 PAR12 Q5c p15)**.

Q5d

Q5d seeks to elicit whether any negative features reported by participants proved detrimental to the school in any way. Participants' responses were collated but I chose not to thematically map them due to limited data. Sample responses include:

…The school continued on… now whether or not that shaky feeling of something not being done straight away has left a little bit of an undercurrent of unease I don't know **(I2 PAR2 Q5d p12)**.

Well only as I said, you know …staff stress and anxiety could have been reduced sooner if people could have come in sooner **(I3 PAR3 Q5d p9)**.

We didn't have that level of knowledge to be able to deal with it. So, so yeah that was probably something that we should have, but you learn from that don't you? **(I5 PAR5 Q5d p11)**.

…So then that created, 'cause she'd gone round telling everybody and then we find out through second hand so that was the only way it sort fell down slightly **(I12 PAR12 Q5d p17)**.

4.2 Findings of all participating No Schools

The sample of **No Schools** consisted of two primary and three secondary schools. The C.I.s were: one death by accident, two sudden deaths and two deaths by illness.

Q1a - Key Factors:

The schools' perception of their ability/inability to cope was a key factor in the decision-making process.

Four themes emerged, namely *Pastoral Bonding, Capacity to Support, Circumstantial Factors* and *Intuition,* as in Figure 12.

Figure 12. (Coding Grid - Table 12.)

Q1a　　　No Schools - Thematic Map
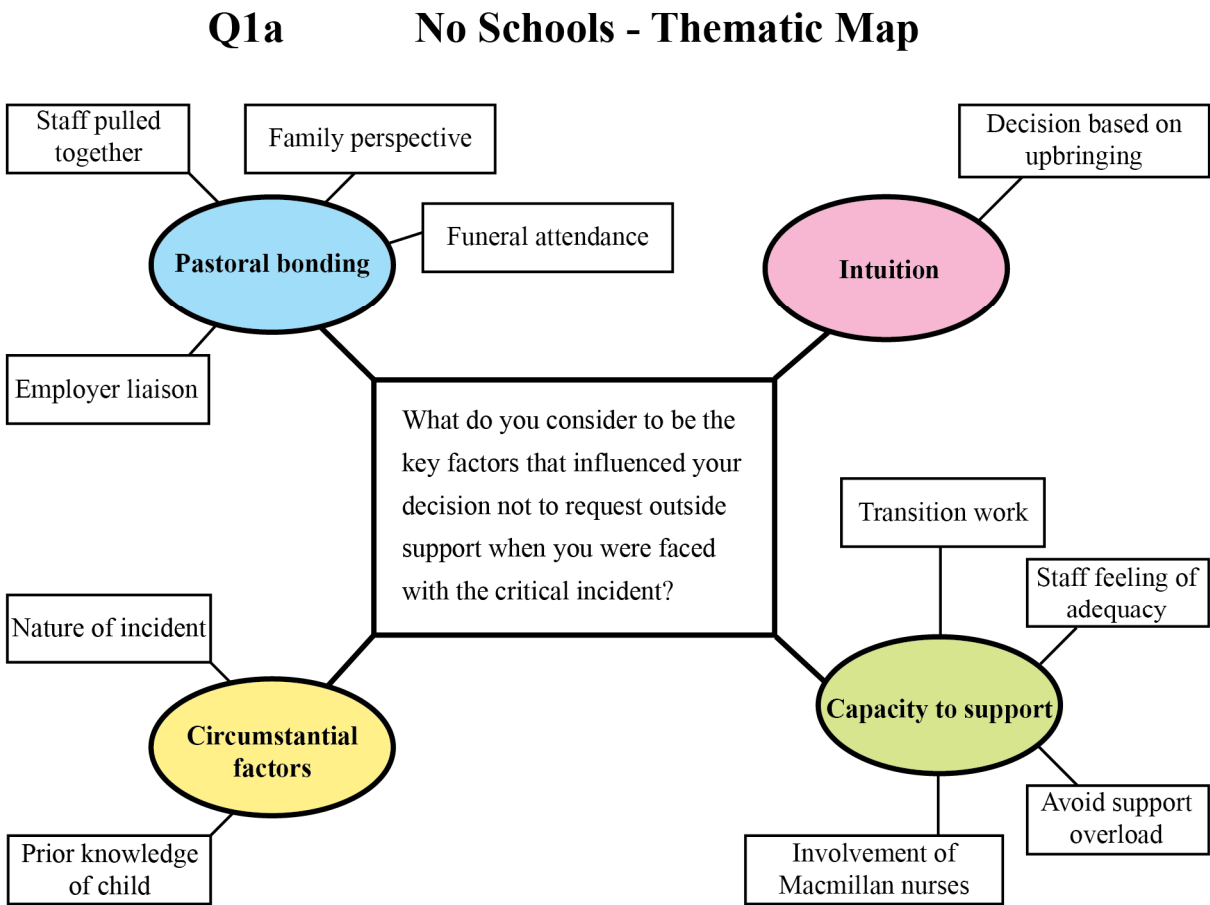
Pastoral Bonding is coded as: 'employer liaison', 'staff pulled together', 'family perspective',

and 'funeral attendance'.

'Employer liaison' is exemplified by:

> …*I asked my employers the (***) for advice or, not so much advice but to corroborate that my statement to the press was considered to be sufficiently accurate and sensitive to deal with the situation* (**I11 PAR11 Q1a p1**).

'Staff pulled together' is expressed by:

> …*on the whole staff pulled together…* (**I8 PAR8 Q1a p1**).

> …*but that's basically because we tried to deal with this as a family* (**I11 PAR11 Q1a p1**).

'Family perspective' is expressed by:

> …*we didn't request further support is because one: the family didn't want further support…* (**I8 PAR8 Q1a p1**).

> …*the support in school was working closely with parents and what decision that we take in school here was agreed with the parents…* (**I10 PAR10 Q1a p1**).

'Funeral attendance' is expressed by:

> …*there were one or two members who knew the family and went to the funeral…"* (**I8 PAR8 Q1a p1**).

> …*myself and the deputy went to the funeral as well…* (**I8 PAR8 Q1a p1**).

Some **No Schools** therefore experienced strengthening through *Pastoral Bonding,* which potentially encompasses bonding between staff/employers and the relationships with the affected family. This pastoral cementing enabled the school's independence to cope.

Capacity to Support is coded as: 'involvement of Macmillan Nurses', 'transition work', 'avoid support overload', and 'staff feeling of adequacy'.

'Involvement of Macmillan Nurses' is illustrated by:

> *…we'd worked a lot with the Macmillan nurses and we felt that we had the staff in school that would be able to support the children and the staff if needed* (**I9 PAR9 Q1a p1**).

'Transition work' is supported by:

> *coming into year (***) we did far more transition that we normally do with both parents, school all support agencies that are involved in terms of things like part time table, emergency strategies should he, become ill a lot quicker than expected; parental involvement and so it was all settled when he came to us* (**I7 PAR7 Q1a p1**).

Capacity to Support can be complex by nature; however, the Macmillan Nurse involvement and transitional work here emerged as case-specific and also proactive prior to the occurrence of the C.I.

'Avoid support overload' is illustrated by:

> *So on that basis, it was faith. It was, it was decided not to put another support in to, just not to cloud that support that was already been put in place* (**I10 PAR10 Q1a p1**).

'Staff feeling of adequacy' is exemplified by:

> *…and that the reactions of students and staff did not necessarily require outside support and I will refer later to, to why that…* (**I11 PAR11 Q1a p1**).

> *…there wasn't that feeling that we needed anything else above and beyond…* (**I8 PAR8 Q1a p1**).

Participants in these cases confidently perceived their capacity to support as adequate, without the need to elicit external support and indeed such support may have complicated the process.

Circumstantial Factors is coded as: 'nature of incident' and 'prior knowledge of child'.

'Nature of incident' is exemplified by:

> …*for me not to request an outside support due to the nature of this incident erm, it was taken that outside support would be put in place for the family* (**I10 PAR10 Q1a p1**).

'Prior knowledge of child' is illustrated by:

> *Prior knowledge and lots of feeding before he came to us meant that we were as well prepared as we could be I think for what followed* (**I7 PAR7 Q1a p1**).

> …*the main reason that influenced our decision was because of the time we'd had to prepare for (***) passing away* (**I9 PAR9 Q1a p1**).

The *Circumstantial Factors* again are case-specific and the preparatory work by the school pre-C.I. was a key factor in the decision-making process not to request outside support.

Intuition is coded as 'decision based on upbringing'.

'Decision based on upbringing' is supported by:

> *Secondly, I didn't make a decision not to request outside support more intuition based upon my own family upbringing that intuition taught me that we could deal with the fallout as it were, in house* (**I11 PAR11 Q1a p1**).

The very experienced decision-maker in this case drew upon his own personal experience of family upbringing to influence his professional judgement.

<u>Q1b - Type of School:</u>

This question was designed to elicit from participants whether the actual type of school made any difference in influencing the decision not to request outside support.

The following two themes emerged: *School with Focussed Provision* and *No Significant Difference,* as in Figure 13.

Figure 13. (Coding Grid - Table 13.)

Q1b   No Schools - Thematic Map
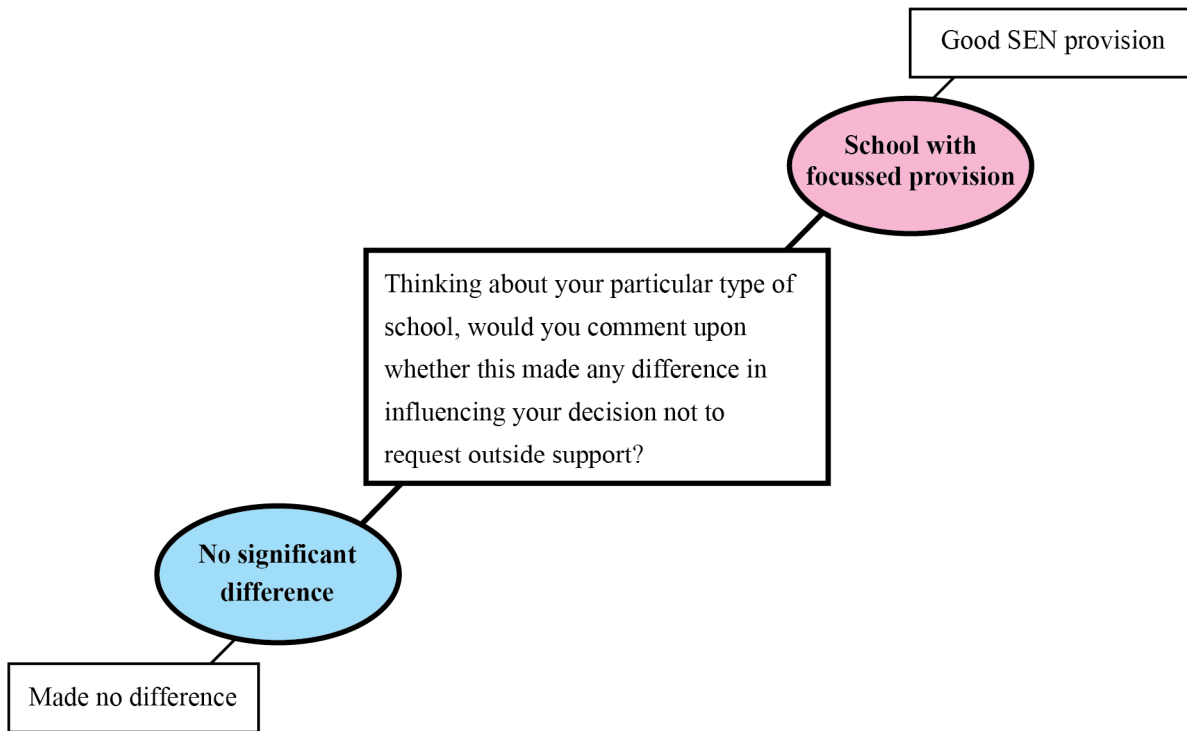
School with Focussed Provision is coded as: 'good SEN provision':

> *I think the main difference is, is we've got a very heavy SEN provision within the school so we had a lot of support staff more than you'd expect in a, a main stream school to call on* (**I7 PAR7 Q1b p1**).

In this case it is the specialist provision, particularly the strength of the support staff that enables the school to deal with the C.I. independently.

No Significant Difference is coded as: 'made no difference':

> *No, not at all, it wouldn't matter to me if I thought you know, what school I was in if I thought 'this needs support' then we'd have got it in so that wasn't a factor at all* (**I8 PAR8 Q1b p1**).

> *…there weren't a huge range of faiths at the school but we, we didn't feel the need. It was nothing to do with the type of school* (**I9 PAR9 Q1b p2**).

No I don't think the school itself made any difference. (**I10 PAR10 Q1b p1**).

Not really. I suppose we, the fact that I contacted (***) regarding press could be considered to be because we're an academy but I don't really think the type of advice I was getting from (***) would have been any difference than an LEA in the sense that I got advice from HR. End of (**I11 PAR11 Q1b p1**).

The type of school makes no difference per se because it seems other key factors are more significant in the decision-making process, than the characteristic of the type of school.

Q1c - People Involved:

The decision not to request outside support following the C.I. was largely decided collaboratively through consultation with the Head Teacher and members of the Senior Management Team (S.M.T.):

> *…obviously the head teacher was informed along the way and for want of a better word, ratify that decision process* (**I7 PAR7 Q1c p2**).
>
> *…myself and the family support worker* (**I8 PAR8 Q1c p1**).
>
> *…there was a member of support staff who, she's a high level teaching assistant but she worked with our family support worker she also worked a lot with the children. She knew the family very well, she was involved in that decision because she also worked alongside the staff that worked with (***) as well* (**I9 PAR9 Q1c p2**).
>
> *…would be from higher up, from senior management…* (**I10 PAR10 Q1c p1**).

Q1d - Staff and/or Pupil Responses:

This question identified four themes: *Ability to Cope, Extent of Impact, External Considerations* and *Pastoral Support,* as in Figure 14.

Figure 14. (Coding Grid - Table 14.)

Q1d   No Schools - Thematic Map
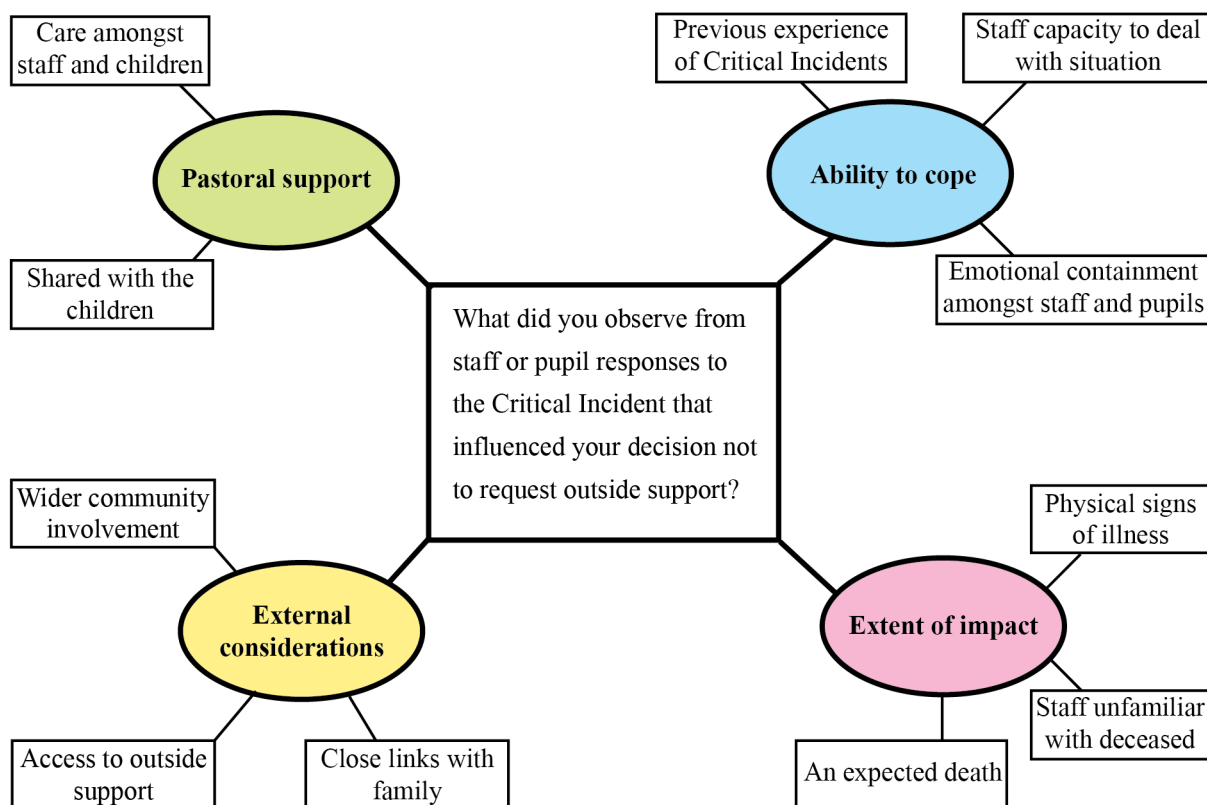
Ability to Cope is coded as: 'emotional containment amongst staff and pupils', 'staff capacity

to deal with situation' and 'previous experience of Critical Incidents'.

'Emotional containment amongst staff and pupils' is evidenced by:

> *…there was no change in behaviours that was displayed to staff to say 'we need this'* **(I8 PAR8 Q1d p1)**.

> *It was very much, there was no, no big outbursts, no crying. Even at his funeral the children weren't crying…* **(I9 PAR9 Q1d p3)**.

> *In terms of school it didn't affect a lot of the students in school* **(I10 PAR10 Q1d p2)**.

> *but I didn't and nor did any of my senior team observe trauma or traumatisation* **(I11 PAR11 Q1d p1)**.

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The decision-makers here largely rely upon their own perceptions of the emotional climate in response to the C.I. and its impact on the school's *Ability to Cope.*

'Staff capacity to deal with situation' is shown by:

> *…and you might say that no school should have to go through it once never mind twice, but it also gave us the faith in that our staff were the right type of staff to deal with it* **(I7 PAR7 Q1d p2)**.

Likewise, 'Previous experience of Critical Incidents' is evidenced by:

> *I think probably the fact that we've been through it before, and it was just faith in the staff to be honest* **(I7 PAR7 Q1d p2)**.

> *And it had also helped that we could validate it against similar incidents two or three years before so the school had already been through…* **(I7 PAR7 Q1d p2)**.

Clearly this school has a strengthened *Ability to Cope,* due to being able to draw upon the experience of previous C.I.s.

Extent of Impact is coded as: 'staff unfamiliar with deceased', 'physical signs of illness' and 'an expected death'.

'Staff unfamiliar with deceased' is expressed by:

> *…for those members of staff it was erm, because it was only a small cohort of those members of staff that knew that student, I think they dealt with it in a more professional manner if that's, that's the way to look at it* **(I10 PAR10 Q1d p2)**.

> *…that there was a lot of respect even from staff and students who did not know (***)* **(I11 PAR11 Q1d p1)**.

The extent of the impact seems relate to the level of familiarity with the victim of the C.I., although even in cases of less familiarity professional respect is still manifest.

'Physical signs of illness' is exemplified by:

> *…you could see how ill he was to be honest with you* **(I9 PAR9 Q1d p2)**.

'An expected death' is exemplified by:

> *…it was clear that he was terminally ill, that he would die while he was at the school so we were committing the staff to that experience* **(I7 PAR7 Q1d p2)**.

> *I think some of the parents had prepared the children in the last couple of weeks anyway because they had, (***) a big christening party that many of the children were invited to and I think then lots of the parents would have told the children that he was dying…* **(I9 PAR9 Q1d p2)**.

Here the decision-maker is less likely to request outside support because there is a reduced impact of the C.I. because it is not unexpected.

External Considerations is coded as: 'close links with family', 'access to outside support' and 'wider community involvement'.

'Close links with family' is illustrated by:

> *…we were included in we, mum, every time she had a meeting with the nurses, every time his medication was changed even if we didn't need to know, she told us* **(I9 PAR9 Q1d p4)**.

> *…they've got good communications with mum, they were able to speak with mum and get some feedback from her as, as to what they as members of staff would like to, to do to help and support* **(I10 PAR10 Q1d p2)**.

Family links both before and after a C.I. can be an important dimension beyond the immediate school community, enabling a school to cope.

'Access to outside support' is illustrated by:

> *…we've access to a free counselling service so, you know the number was shared with staff if they so needed it* **(I8 PAR8 Q1d p1)**.

Although these are **No Schools**, access to other outside support, such as counselling/ bereavement sessions and Macmillan Nurse input are important external considerations to those involved, possibly reducing the need to request C.I.R.T. support.

'Wider community involvement' is evidenced by:

> *For the, the students and pupils because this particular incident had already hit the community before it had hit the school erm, by the time it got to the school it sort of becomes a, a stale erm, incident…* **(I10 PAR10 Q1d p2)**.

External communications can therefore reduce the impact and need for outside support for a school dealing with a C.I.

Pastoral Support is coded as: 'shared with the children' and 'care amongst staff and children'

'Shared with the children' is illustrated by:

> *Then she agreed afterwards that that had been the right thing to do and it was her, because she was the class teacher, she was his teacher, it was the best thing for her to be sharing it with the children* **(I9 PAR9 Q1d p2)**.

> *And the child was asking well you know "is there heaven?" and all the rest of it you know…* **(I9 PAR9 Q1d p3)**.

The insightful approach by the decision-maker in this school to encourage the class teacher to address the sensitive nature of the C.I. possibly reduced the need to request C.I.R.T support.

'Care amongst staff and children' is evidenced by:

> *…with regard to the staff really they were supporting each other, we were supporting each other erm, so they didn't, they didn't ask for any additional help to be honest with you…* **(I9 PAR9 Q1d p2)**.

> *…they used my department as a place where they could come and reflect, come and sit and have a little talk themselves* **(I10 PAR10 Q1d p2)**.

> *And hence we took the decision and I'm gonna repeat this many, many times to, to handle like one big family that we are* **(I11 PAR11 Q1d p1)**.

Pastoral skills and understanding within these schools, enabled them to have a sense of coping without the need to request C.I.R.T. support.

Q1e - Historical Factors:

The aspect of historical factors was examined in the context of attempting to identify whether any causal features were evident in influencing the decision-making process not to request outside support.

Participants' responses to this question identified two themes: *Past Capacity* and *Present Capacity,* as in Figure 15.

Figure 15. (Coding Grid - Table 15.)

Q1e   No Schools - Thematic Map
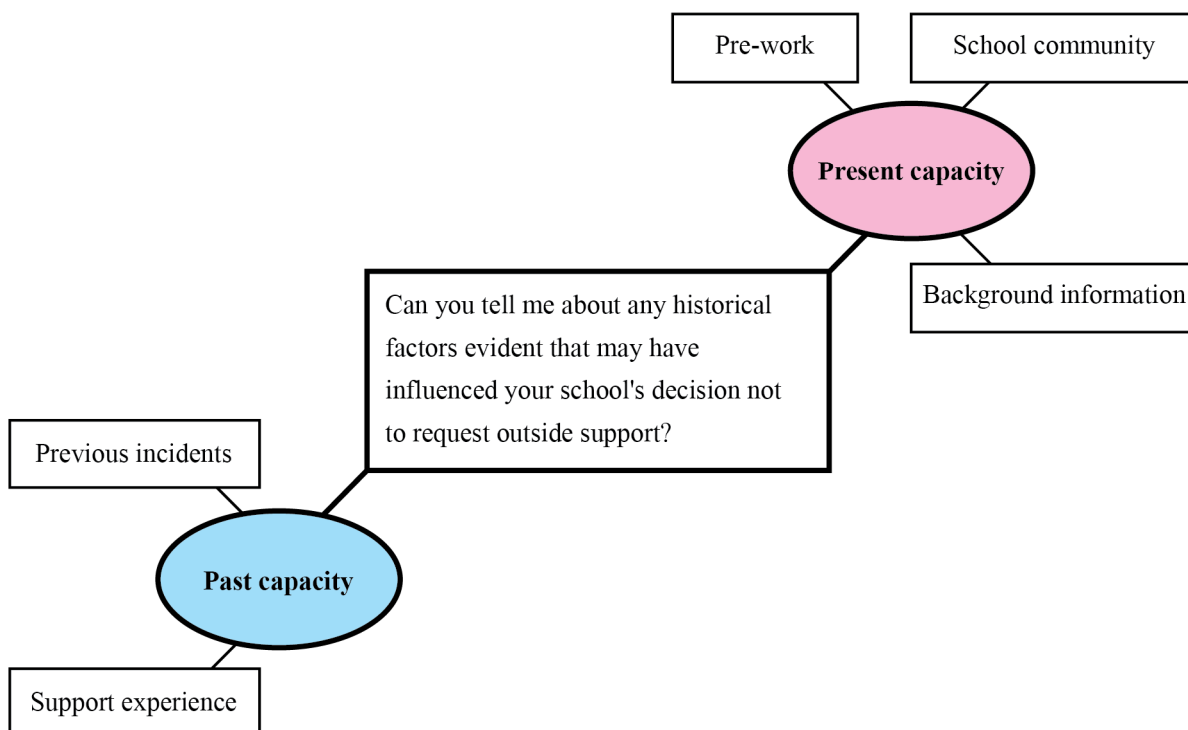
Past Capacity is coded as: 'previous incidents' and 'support experience'.

'Previous incidents' is expressed by:

> *…we'd already been through a critical incident which was almost identical in its scenario…* **(I7 PAR7 Q1e p2)**.

'Support experience' is expressed by:

> *…it wasn't the fact that we felt there wasn't outside support and it wasn't appropriate, we just felt that having been through the process as it were and erm, it had been very positive for the student we felt we could do the same again* **(I7 PAR7 Q1e p2/3)**.

Given that participants had already faced a C.I. involving members of their school population, this previous experience seemed to give them confidence to deal more effectively with such incidents that followed.

Present Capacity is coded as: 'school community', 'pre-work' and 'background information'.

'School community' is illustrated by:

> *…I mean in some ways you take strength from it don't you because it brings the school community together…* **(I7 PAR7 Q1e p2)**.

> *It affected the other students a lot more than it did this one…* **(I10 PAR10 Q1e p2)**.

The importance of the school being seen as a community is highlighted here in that it allows close sharing amongst staff and pupils in a pastoral sense.

'Pre-work' is illustrated by:

> *…the pre-work we did was crucial I think so the year six work was crucial in terms of getting to know the parents erm, because they went through a very stressful time…* **(I7 PAR7 Q1e p3)**.

'Background information' is expressed by:

> *…it's like anything I suppose the more information you've got the, the better you can deal with something. So that was the key historical factors* **(I7 PAR7 Q1e p3)**.

Decision-makers here very much appreciated school being engaged with the family at an early stage. This allowed important information to be shared which indeed, over time, helped to reduce the anxiety of those directly involved.

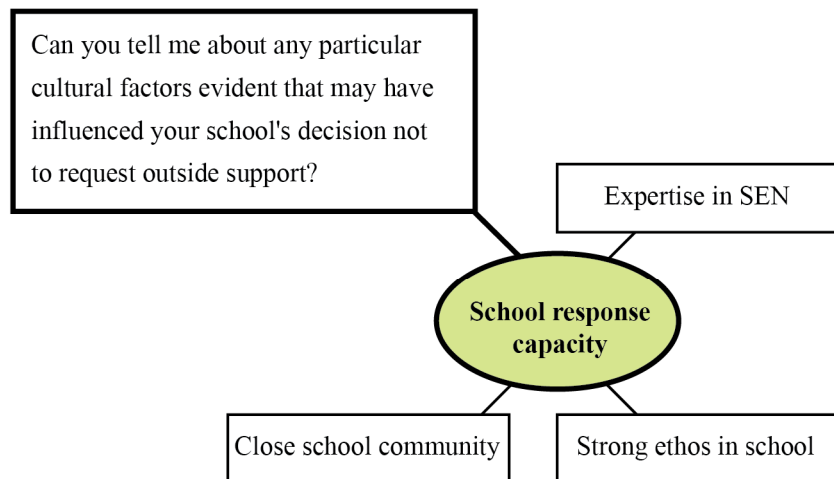*Past Capacity* and *Present Capacity* therefore contributed to the decision to not request C.I.R.T. support.

Q1f - Cultural Factors:

One theme was identified here, namely *School Response Capacity,* as in Figure 16.

Figure 16. (Coding Grid - Table 16.)

Q1f   No Schools - Thematic Map

School Response Capacity is coded as: 'strong ethos in school', 'close school community' and 'expertise in SEN'.

'Strong ethos in school' is exemplified by:

> *Ooo, I suppose yeah because we have got a very strong ethos here and a very strong team ethos among staff…* **(I8 PAR8 Q1f p2)**.

'Close school community' is expressed by:

> *Everybody knows everybody's business, it's that sort of place and think they just relied on each other really so, erm and knowing the parents of the school they would not have welcomed an outsider coming to talk to them about it, you know they were quite reluctant for their kids to go on the SEN register sometimes you know, there's no way that they would have opened up to a stranger* **(I9 PAR9 Q1f p6)**.

Response capacity of these schools was enhanced through a strong ethos within the school community. However, the balance between self-reliance in a school and openness to outside support is a critical factor in the decision-making.

'Expertise in SEN' is exemplified by:

> *…the amount of students that we've got with special needs of all ranges and sorts err, and that gave us, within school, perhaps the additional capacity and expertise that other schools might not have to be honest* **(I7 PAR7 Q1f p3)**.

This school's inherent supportive culture enhanced its capacity to cope, largely due to its available additional human resource base.

Q1g - Religious Factors:

This question attempted to elicit whether any factors associated with religion featured in the school's decision not to request outside support. All participant responses state that religion is not an influential factor in the process.

Q1h - Local Neighbourhood:

Two themes were identified: *Community Interactions* and *Other Corporate Support,* as in Figure 17.

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Figure 17. (Coding Grid - Table 17.)

Q1h　　　　　No Schools - Thematic Map
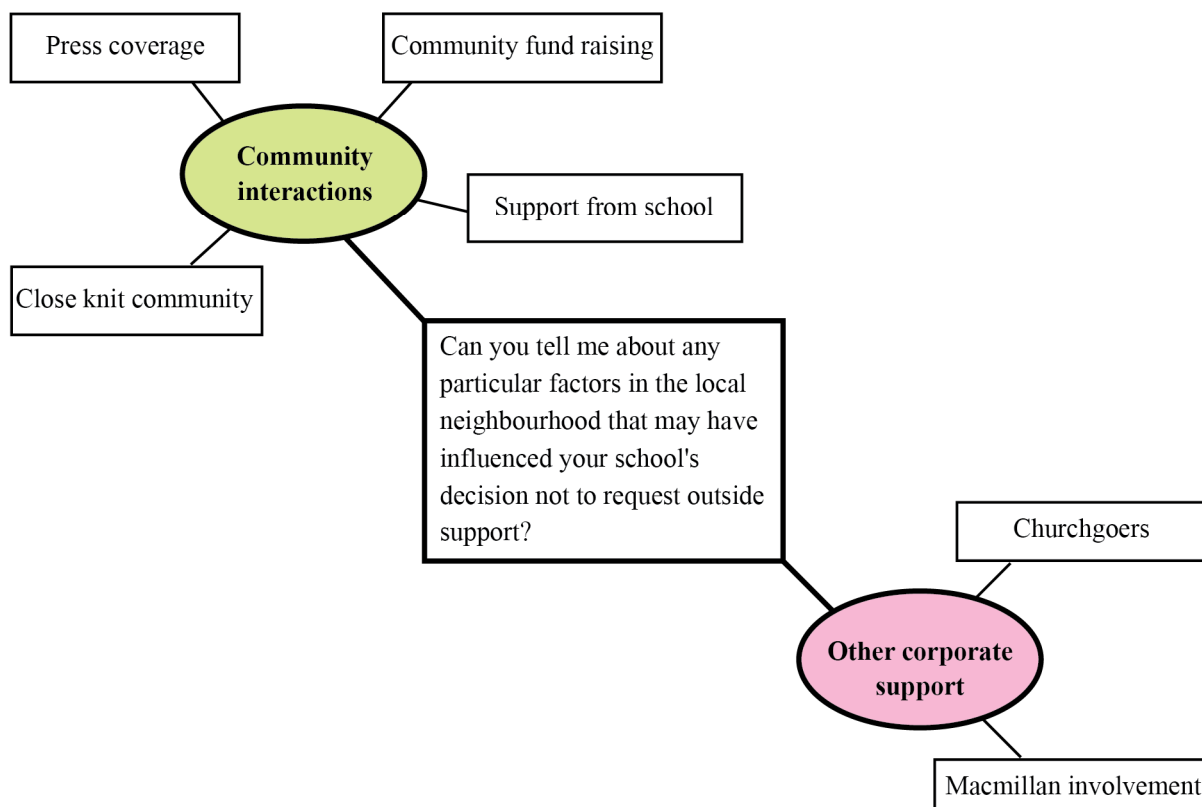
Community Interactions is coded as: 'close knit community', 'press coverage', 'community fund-raising' and 'support from school'.

'Close knit community' is illustrated by:

> *As I said, they're a close knit community, they would have been there to support each other erm, that would really be the only reason* **(I9 PAR9 Q1h p6)**.

> *…the family is quite big as well even though some of them is sort of fragmented at one side but the rest that was there is quite closely knit, which she has* **(I10 PAR10 Q1h p4)**.

This exemplifies how community support beyond the school can be a positive influence in coping with the C.I.

'Press coverage' is illustrated by:

> …*So that was a Saturday morning made the local press, head teacher got involved; he was abseiling as well so it wasn't just a school event it was open out to erm, all different people of the community involved. So whenever there was fundraising there was a lot of err, local press coverage that kind of thing* **(I7 PAR7 Q1h p4)**.

'Community fund-raising' is evidenced by:

> *So it's a very parochial community anyway erm, and a lot of good had come out of this situation, bringing the community together with high prolife fundraising activities and to bring his case to the fore. Erm, and we dipped into that existing community feel Really* **(I7 PAR7 Q1h p4)**.

Such a community practical response created an opportunity for others to engage in collective

support.

'Support from school' is evidenced by:

> *And erm, me going out and supporting her as well and a home visit making sure she was alright and she was getting all what she needed to as well…* **(I10 PAR10 Q1h p4)**.

Here the school reached out support into the neighbourhood to assess need and offer support.

Other Corporate Support is coded as: 'Macmillan involvement' and 'churchgoers'.

'Macmillan involvement' is evidenced by:

> *Macmillan did play a big part. So erm, they weren't necessarily erm, resident in the local community but they had a big part in the local community supporting lots of the adults and the child involved* **(I7 PAR7 Q1h p4)**.

'Churchgoers' is illustrated by:

> *So from that point of view the church played a big part in how their support, especially mum at home with the younger children and the neighbour, the neighbourhood themselves have erm, congregate in the way that they put in a lot of support for mum…* **(I10 PAR10 Q1h p3)**.

Effective outside support here includes a professional charity and a charitable institution. As

these were highlighted, it implies that their availability was influential.
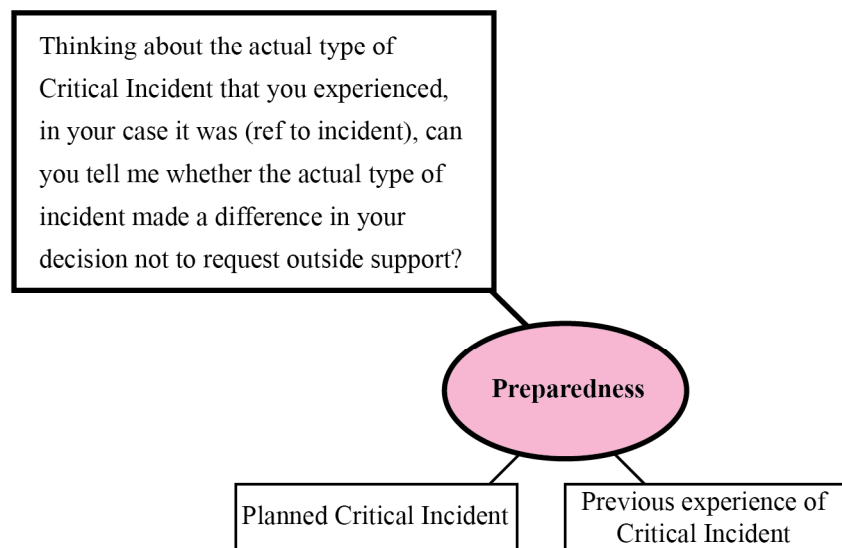
The type of C.I. that was experienced by the school is explored in order to extrapolate whether it influenced the decision not to request outside support.

The thematic analysis identified one theme: *Preparedness,* as in Figure 18.

Figure 18. (Coding Grid - Table 18.)

Q2   No Schools - Thematic Map

Preparedness is coded as: 'planned C.I.' and 'previous experience of C.I.'

'Planned C.I.' is indicated by:

> *So very different to some of the other critical incidents I think that allowed us to plan and because we could plan we could deal with it a lot better than if it was an emergency type of situation* **(I7 PAR7 Q2 p4/5)**.

> *I genuinely believe if it had been erm you know, that a child had died from being run over or you know, something that had happened unexpectedly, then we would have been more likely to have accessed outside support erm, perhaps counselling for people…* **(I9 PAR9 Q2 p7)**.

'Previous experience of C.I.' is exemplified by:

> *Erm, I suppose it did because we'd already had that like I already said, I don't want to repeat things, we'd had the previous experience erm, and the fact that like every incident's different but it was a long drawn out critical incident for want of a better word* **(I7 PAR7 Q2 p4)**.

There is some agreement here that the type of incident in terms of whether it was expected or unexpected influenced the school's decision not to request C.I.R.T. support. Given that schools had time to plan for the outcome of the C.I., this inevitably removed the shock element and allowed schools to organise support accordingly.

Q3 - Short-term, Medium-term and Long-term Strategies:

Q3 addressed strategies that were implemented by the school to support the C.I. The temporal dimension was explored to ascertain participants' short-term, medium-term and long-term coping strategies, although no specific time-bounded definitions were presented by the interviewer, thereby enabling participants to express their narratives freely. Despite this, as participants' discourse unfolded, in some cases inevitably some responses did merge together resulting in repetition and overlap. Therefore it was most appropriate to create one thematic map that encompassed short-term, medium-term and long-term coping strategies which established a higher degree of cohesion across themes, whilst still preserving distinct temporal variations.

Six themes were identified: *Remembering, Church, Staff Support, Young People Support, School Systemic Response* and *Relationships with Family,* as in Figure 19.

Figure 19. (Coding Grid - Table 19.)

Q3a, 3b, 3c   No Schools - Thematic Map

(a, b or c) alongside codes corresponds to responses to Q3a, 3b or 3c respectively
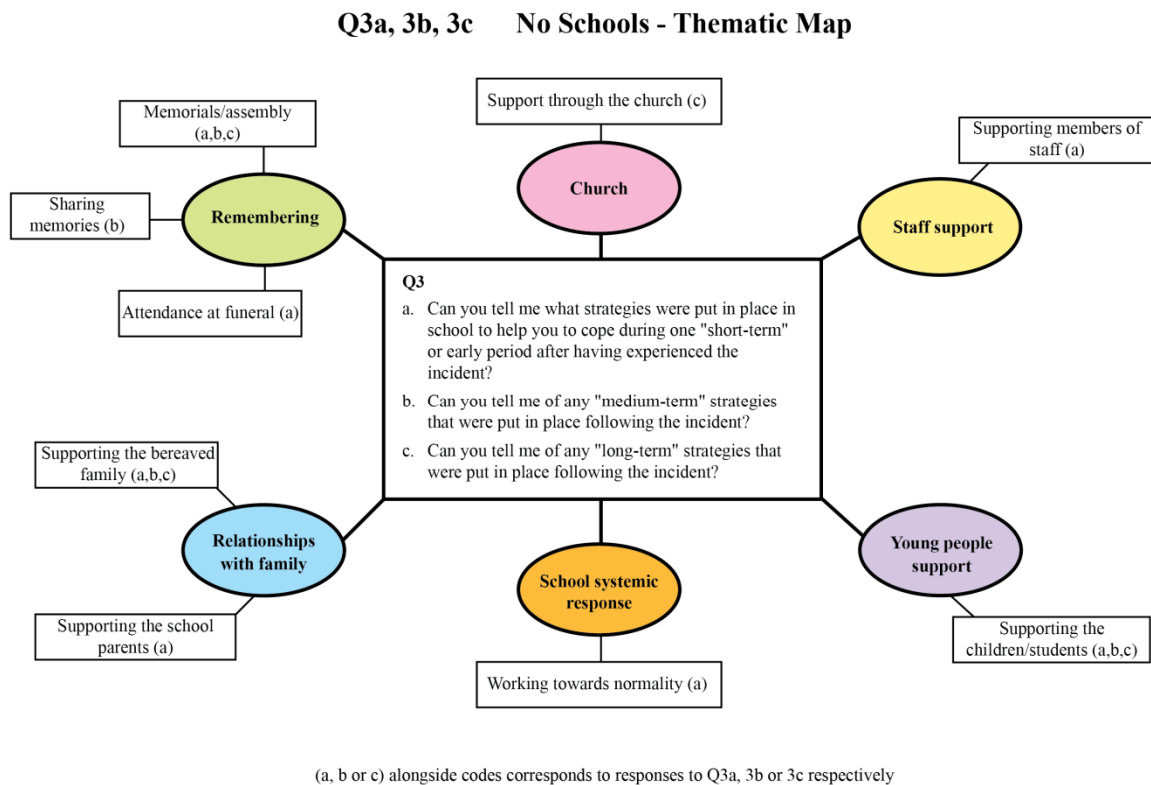
Remembering is coded as: 'attendance at funeral', 'memorial/ assembly' and 'sharing memories':

> *…a couple of members of staff went to the funeral and we you know just got together afterwards and had a coffee, talked about it, reflected it was good for the staff that knew the family* (**I8 PAR8 Q3a p5**).

This funeral attendance was a short-term response. However memorial/ assembly was a strategy that permeates across the short, medium and long-term. The 'sharing memories' code contributes to the *Remembering* theme at a medium-term level:

We had an open afternoon where the children got out what they'd been doing, got out their work, this was (***) class, erm, we did talk to (***) his mum about this they got everything out and we had like a tea and biscuits and she came, with the other parents as well, but she came to have a look, this next bit makes me really sad, but she came to have a look at what erm, he would have done if, if he'd been there with you know like what, what they'd done over the year, their journey and she wanted to be part of that (**I9 PAR9 Q3b p9**).

Church is coded as: 'support through the church':

The church provided long-term support for one family of a C.I. victim:

Yes they do yes, the family do. And the little girl she loves, she loves the church (**I10 PAR10 Q3c p6**).

Staff Support was a short-term priority strategy for schools, exemplified by:

Erm, in terms of staff again, shared the contact details of counselling services if needed… (**I8 PAR8 Q3a p5**).

..there had been new staff to the school who we were aware of the skills and we thought it would be too much err, of an ask for them in their first year at the school, so we'd use experienced staff that had had good experience and who you were confident with erm, so that would be like the immediate short term response as a school (**I7 PAR7 Q3a p5**).

Young People Support, evidenced across all three time variables, shows the importance of the

continuum of 'supporting the children/ students':

Short-term:

… to try and, to talk to the children and give them opportunity to ask any questions that they wanted to ask and make it clear to them that whenever they were thinking about something they wanted to ask about the, they knew who they could talk to (**I9 PAR9 Q3a p8**).

Medium-term:

Erm, the medium term strategies were erm, it and were now looking at the older child in this incident where as we, we had a short time, part time timetable just to take some of the pressure off where he could do some work at home… (**I10 PAR10 Q3b p5**).

Long-term:

"And then maybe that, having that long-term plan would also help any children that in subsequent years might need some support. You know, some of them now might sort of it up in the middle of the night and think 'Oooh God, what happened to (***)?' you know, 'could it happen to me?' but then not know how they can talk about it (**I9 PAR9 Q3c p10**).

School Systemic Response presented a single code, which was coded as: 'working towards normality'.

'Working towards normality' emerged as a short-term strategy for schools and is shown by:

> *The (***) were picked up for mentoring immediately, the day after they came into school, mum wanted them to act as if everything was normal, they came into school and they spent the whole day with the mentor* **(I8 PAR8 Q3a p5)**.

> *…I had a meeting with both the children as an individual and asked them what they would like me to do. Would they like me to let them carry on as normal with their friends and just speak to others if they feel fit or would they like me to make sure that I see them every morning before they go to school and their decision was 'we would like to try and, we would like a normal day but if anything, where can we go?* **(I10 PAR10 Q3a p4)**.

Relationships with Family is coded as: 'supporting the school parents' and 'supporting the bereaved family'.

'Supporting the school parents' again emerged as a short-term strategy and is shown by:

> *We erm, did write to parents as well and we did say to them if anyone you know, needed any support to come and talk to us about it and we would put them in touch with… (I9 PAR9 Q3a p8).*

'Supporting the bereaved family' evidenced across all three time variables and is shown as:

Short-term:

> *So short term erm, I suppose the, the first one was err, making sure that the (***), the (***) were safe and still continued to come to school so erm, there was financial support provided in terms of the (***) got a free school meal everyday they came to breakfast club free of charge every day because suddenly mum had lost the source of income so that was short term, that was immediate* **(I8 PAR8 Q3a p5)**.

Medium-term:

> *Erm, and then medium term, that then progressed down to there being legal support for mum erm, all through the family support worker so, [inaudible] put in touch with legal advice, we've got a member of staff here whose partner is a Solicitor and he was able to offer free advice as well, just through conversation which was fantastic"* **(I8 PAR8 Q3b p5)**.

Long-term:

> *…the long term on-going and on-going and on-going… support was put in place between the links between the church and school for this young person to make sure that we were sort of working from the same hymn sheet and that you know, and she was, she was fine with that* **(I10 PAR10 Q3c p5)**.

Q4 - Whole-school, Group and Individual support:

Participants were generally able to respond across all three levels of support. Although distinctions between the three levels were useful in terms of analysis, in practice there was inevitably some cross-over between interventions on the varying levels and subsequent impact.

Whole-school support is exemplified by:

> *…for the whole school was that it was very open and there was just a universal offer that if anybody wanted to talk to staff they could* **(I7 PAR7 Q4 p6)**.

> *We did not all come together and talk about it together as a whole school because we didn't see the necessity for doing that. So we didn't do that* **(I9 PAR9 Q4 p11)**.

The culmination of individualised and group support may act under the generic umbrella of whole-school support.

Group support:

> *And because of the, the staff involved and their professionalism, there, there wasn't a request or need to go for any external support because within the school networks provided what was needed* **(I7 PAR7 Q4 p8)**.

> *…actually if I can widen out to erm, a personal level I think I received support from that small group of sixth formers who, who formed that action group. Because they told me that (***) would like to, to speak to me and if I hadn't have known that from them erm, it wouldn't really have done anything anywhere near as, as sensitive as we were able to do* **(I11 PAR11 Q4 p3/4)**.

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Group support may be specifically targeted, as it would be in the case with C.I.R.T. intervention. However examples here show how internal school networks and proactive students can provide effective internal group support.

Individual support:

> *…the support staff erm, and the lead teacher were just absolutely phenomenal in being appropriate, being supportive, being professional. Absolutely top* (**I7 PAR7 Q4 p7**).

> *That support looks like in practice is, we, we did a drawing and it was from that person's perspective. They wanted to put things down on paper and to highlight things that making them upset. Erm, and they would colour it and they would discuss it as to how, what strategy we were going to use, what strategy if this occurred again how would we approach it, how would we deal with it?* (**I10 PAR10 Q4 p7/8**).

These individualised initiatives provided by the school show the level of sensitivity and understanding of the school staff team in tailoring successful individual support.

Q5 - Features of support received that was deemed to be: useful, less useful, strengthened the school, detrimental to school:

Q5 explores participants' generic views in terms of the usefulness of the level of support they received and how this enabled the school to resume normal routine. Four dimensions were explored to ascertain what features in the process helped and whether any features hindered the process of recovery towards a state of normality.

Q5a

Three themes are identified here which explore the features that are useful to school: *Ensuring Whole-School Stability, Support for Staff and Children* and *Family Support,* as in Figure 20.

Figure 20. (Coding Grid - Table 20.)

Q5a   No Schools - Thematic Map
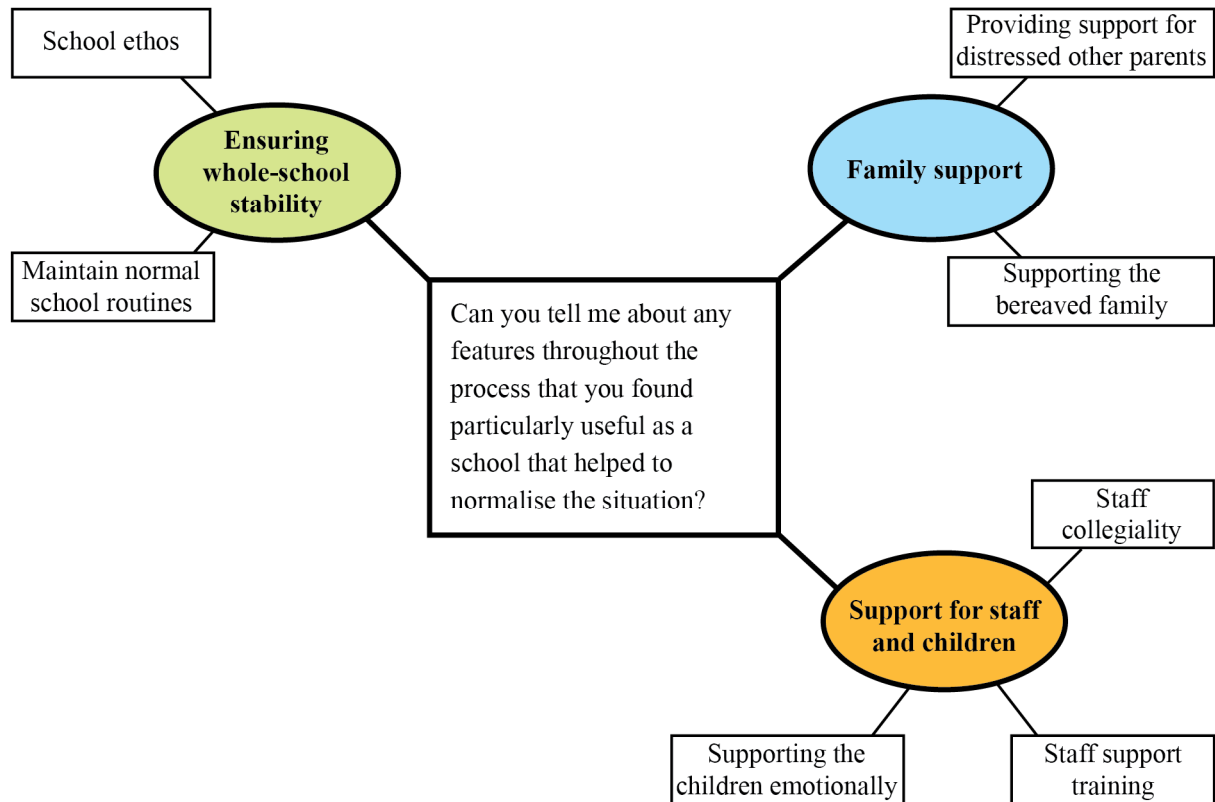
Ensuring Whole-School Stability is coded as: 'maintain normal school routines' and 'school ethos'.

'*Maintain normal school routines*' is expressed by:

> …*the thing that we did well is we did just carry on as normal, that's what normalised the situation* (**I7 PAR7 Q5a p8**).

> *Yes, that kept that situation erm, normal as it could have done really* (**I9 PAR9 Q5a p12**).

> …*mum had said she wanted the children to have as normal as possible and the children themselves had said they wanted to come back into school* (**I10 PAR10 Q5a p9**).

The ability to resume business as usual in school is welcomed as a means towards the process of recovery.

'School ethos' is expressed by:

> *…and the way we honestly showed our emotion as adults and our grief as adults to the students, and the reaction of the students to the staff was, was very useful* (**I11 PAR11 Q5a p5**).

> *You know, we have an ethos here it's called (***) and it's a term that the locals use to describe (***). You're not allowed to be (***) unless you've been here a few years so you know, you have to earn your stripes as a (***) kid and the (***) member of staff* (**I11 PAR11 Q5a p5**).

The positive catalytic influence of the school ethos enhanced the process towards whole-school stability.

Support for Staff and Children is coded as: 'staff collegiality', 'staff support training', and 'supporting the children emotionally'.

'Staff collegiality' is evidenced by:

> *…there's also that support element there that there's an open door policy if they need it, that I'll pop into their classes at any time* (**I8 PAR8 Q5a p6**).

Again, openness and honesty is beneficial in the evolution of a supportive environment for staff.

'Staff support training' is evidenced by:

> *Obviously we've got a family support worker and a mentor training mentoring erm, no one's trained in bereavement* (**I8 PAR8 Q5a p7**).

This school utilises existing specialist support staff during the passage towards normalisation.

'Supporting the children emotionally' is expressed by:

> *…for me, having that member of staff go into class and talk to the children on that day, I know she didn't want to do it to start with but it would have been wholly wrong had someone else gone in and I think that would have upset the children more…* (**I9 PAR9 Q5a p12**).

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The children's familiarity with their own class teacher enabled the sharing of the C.I. in a safe, normal, supportive environment.

Family Support is coded as: 'providing support for distressed other parents' and 'supporting the bereaved family'.

'Providing support for distressed other parents' is exemplified by:

> *…we did put on erm, coffee for parents that morning when he died in the night. Obviously, mum wasn't there then but for the other parents we knew would be upset, the ones that were crying in the playground and we sort of like bring them into a room where they could have coffee and a biscuit and they could chat to each other and if you like that was there bit of, they could support each other and we were there as well* **(I9 PAR9 Q5a p13)**.

'Supporting the bereaved family' is exemplified by:

> *…we kept in touch with **(***)** mum, we didn't stop talking about **(***)** you know with other parents that were around it was an open you know erm, as **(***)** mum had always wanted it to be…* **(I9 PAR9 Q5a p13)**.

The school here realises that the process of normalisation is important for families also, and attempts to facilitate this process in its approach and provision.

Q5b

Q5b seeks to elicit some of the positive aspects of participants' experiences throughout the support process and to highlight any benefits to the school in terms of strengths.

Three themes are identified here: *Whole-School Community Strengthened, Express Emotions* and *Prepared for Potential Future Response,* as in Figure 21.

Figure 21. (Coding Grid - Table 21.)

Q5b   No Schools - Thematic Map
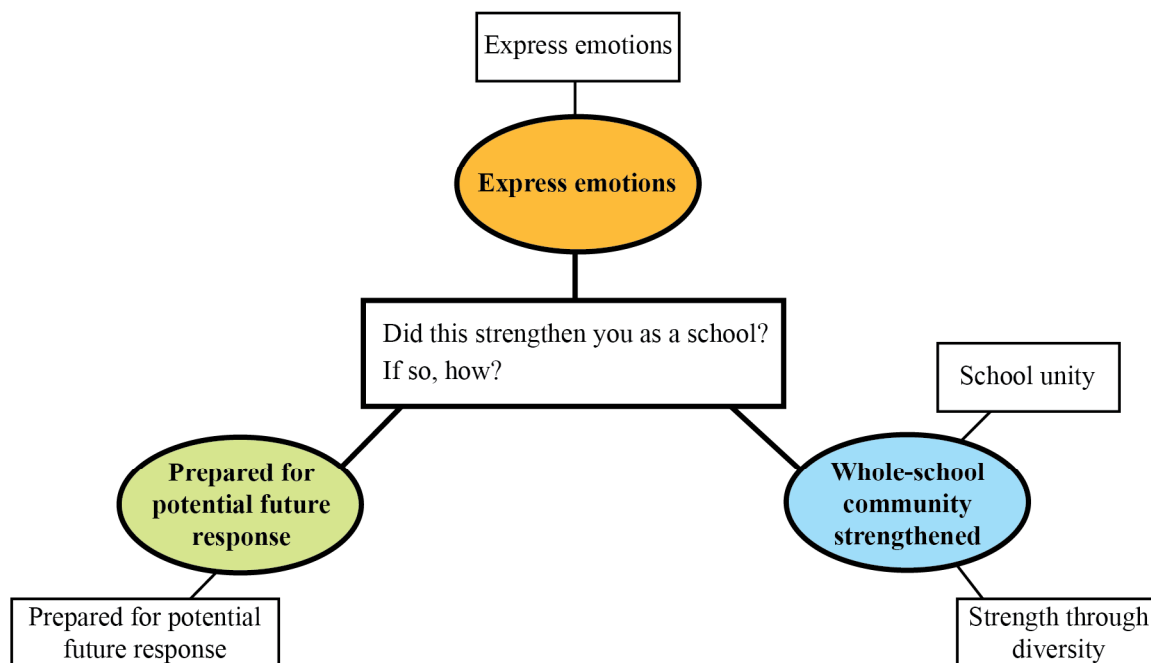
Whole-School Community Strengthened is coded as: 'strength through diversity' and 'school unity'.

'Strength through diversity' is expressed by:

> *Good, bad experiences whatever that it is part of normal life and that diversity strengthens the students and also brings out lots of positives in the students in terms of*

helping others, community spirit, charity, the pathos towards other people that are less fortunate… (**I7 PAR7 Q5b p9**).

I think all adversity strengthens all the institutions who've dealt with sensitively and I think we, we did deal with it reasonably sensitively (**I11 PAR11 Q5b p6**).

The former shows how a school with high SEN develops an empathetic ethos, which underpins the school's strengths when coping with the occurrence of a C.I. The latter statement reflects in retrospect how coping with adversity may be considered as strengthening.

'School unity' is expressed by:

…and also that presentation on that Friday when we broke up erm, it was quite a moving presentation and it, staff, you know it just reinforced, built stronger, stronger bonds (**I8 PAR8 Q5b p7**).

Yeah, yeah definitely, definitely, definitely. I mean you know, the school had been through the mill anyway aside from all of this the school was on a very tough journey. You know schools are on tough journey's with Ofsted and all the rest of it being inadequate and everything, the journey that the school had been on, and they'd lost members of staff… people were at quite a you know, on the edge shall we just say. But erm, somehow people found the strength to, to come together for this (**I9 PAR9 Q5b p13**).

Erm, there was a great feeling of, of unity err whenever we face anything sad or anything challenging (**I11 PAR11 Q5b p6**).

The whole-school communities are strengthened here through togetherness in the face of the challenge of the C.I., despite sometimes having to also deal with additional systemic pressures.

Express Emotions is coded as: 'express emotions' which is exemplified by:

"…I was physically upset so staff got to see that side of me" (**I8 PAR8 Q5b p7**).

The outpouring of emotion by the decision-maker is a poignant release of feeling which is perceived as a strength.

Prepared for Potential Future Response is coded as: 'prepared for potential future response' which is exemplified by:

> *So I'm hoping that what we've put in place has strengthened the school yeah for us to be able to capitalise had that incident, does happen again* **(I10 PAR10 Q5b p9)**.

Q5c

Q5c seeks to elicit whether participants faced any less useful experiences throughout the support process and whether any resultant negative factors impacted upon normalisation.

One theme was identified here, namely: *Dealing with Pressures,* as in Figure 22.

Figure 22. (Coding Grid - Table 22.)

Q5c   No Schools - Thematic Map
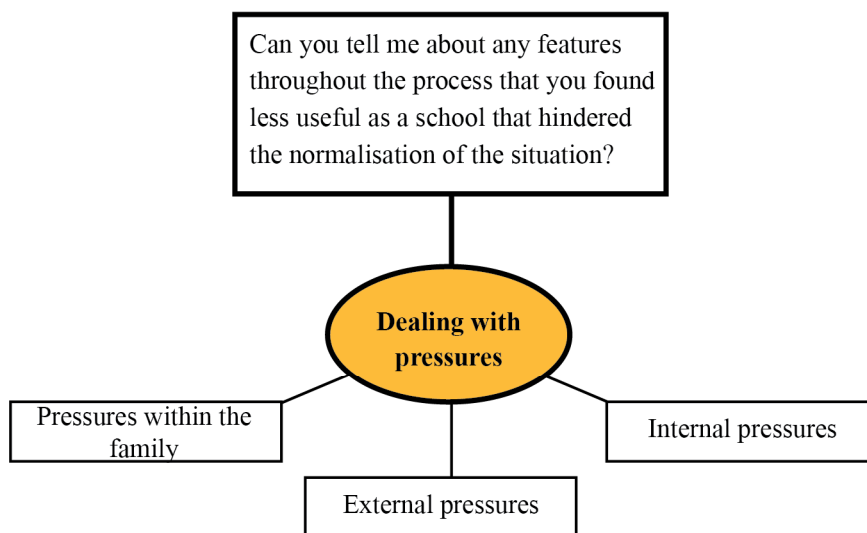
Dealing with Pressures is coded as: 'pressures within the family', 'external pressures' and 'internal pressures'.

'Pressures within the family' is evidenced by:

> *We'd have mum in school upset with you know, the piece of paper that was, literally was newspaper letters cut out as a death threat you know. It was that kind of, that what was going on out there affected the normalisation of it 'cause it wasn't you know, a normal part of the process. And that's then when we, the support kind of ranked up a notch you know with other, getting other services involved to support mum and the family* **(I8 PAR8 Q5c p7/8)**.

This is an example where normalisation was complicated due to deeper family issues with which the school needed to offer support.

'External pressures' is evidenced by:

> *…I suppose there are the external pressures of erm, success measures I'm thinking performance tables and all the rest of it…* **(I7 PAR7 Q5c p9)**.

Schools are already subject to external pressures and having to deal with a C.I. impacts upon the demanding climate. However, in this school the 'internal pressures' are reduced as follows:

> *…so although initially there might have been a fear of, of being judges purely on progress and attainment and all the rest of it erm, that was normalised by being able to dis-apply and so on. Erm, so I don't think there were* **(I7 PAR7 Q5c p9)**.

Q5d

Q5d seeks to elicit whether any negative features reported by participants proved detrimental to the school in any way. Participants' responses were collated, but due to limited data I chose not to thematically map them. Examples include:

> *…the only detrimental effect I suppose would be the emotional wellbeing of some of the closest staff. Erm, students less so cause they were shielded from some of the medical reports…* **(I7 PAR7 Q5d p10)**.

> *Erm, but looking back I don't think any of them would have said 'I wish we hadn't supported him' or 'he hadn't come to the school' far from it, it was just a natural consequence to the process I think* **(I7 PAR7 Q5d p10)**.

4.3 Discussion of similar themes that emerged across Yes School(s) and No School(s)

Thematic sets were identified as a result of the thematic sorting process, some of which show similar themes across **Yes** and **No Schools**. The **Thematic Sorting Analysis** is shown in Appendix 2. Such thematic sets represent clustered similar themes which arise across one, some or all **Yes Schools AND** one, some or all **No Schools** from the data analysis, which in the following discussion is phrased as '**Yes** and **No Schools'**.

Key Factors

Thematic Sorting Analysis is shown in Figure 23.

A thematic set for <u>key factors</u> influencing decision-makers emerges as: *Pastoral Bonding, Capacity to Support* and *Coping Toolkit.* In the event of a C.I., the pastoral coping capacity of schools will be evaluated by the decision-makers. Equally, the thematic set made up of *Circumstantial Factors* and *Pressures* is influential and highly case-specific, such as a school being prepared for the C.I. or a school under the pressure of Ofsted.

Type of School

Thematic Sorting Analysis is shown in Figure 24.

In considering the influence of the <u>type of school</u> on decision-makers to request C.I.R.T. support, two polarised thematic sets emerge. First there is evidence across **Yes** and **No Schools** that the type of school makes no significant difference to decision outcomes. However, where the type of school does make a difference, the thematic set is composed of *School with Focussed Provision* and *Special School.* By the nature of the education provision status, such schools benefit from a more specialist resource base, especially staffing levels. The decision-maker is mindful of the school's SEN (Special Educational Needs) designation and its impact on their capacity to cope with the C.I.

Decision-makers

Head Teachers and Senior Management Teams feature as being instrumental <u>personnel</u> across **Yes** and **No Schools** in the decision-making process. Although many are affected by the occurrence of a C.I., ultimately the decision will be made by the Head Teacher; however, this is usually in consultation with senior staff members.

Staff or Pupil Responses

Thematic Sorting Analysis is shown in Figure 25.

Thematic sorting, when analysing themes relating to <u>staff or pupil responses</u> to the C.I. that influenced decision-making, reveals a thematic set where *External Considerations* impact across **Yes** and **No Schools**. External considerations are case-specific and there is evidence across **Yes** and **No Schools** that their impact can influence decision-making to a lesser or greater extent. The impact of a C.I. upon staff and pupils can precipitate a range of responses which can in some cases destabilise the normal daily routine and organisational functioning of the school. The normalisation process within a school community following a C.I. enables schools to re-establish some sense of equilibrium. The *Normalisation* theme arises from **Yes Schools** and a *Pastoral Support* theme originates from **No Schools**. These are thematically sorted into a set because it is felt that they are inextricably linked. It becomes clear that having a network of strong pastoral support is beneficial towards enabling the normalisation process. Staff and pupil responses during and after a C.I. are amongst the indicators that highlight the degree to which C.I.R.T. support may be required.

Historical Factors

Thematic Sorting Analysis is shown in Figure 26.

Across **Yes** and **No Schools**, responses regarding influential <u>historical factors</u> are similar, where decision-makers draw upon past incidents and capacity. Although outcomes may or

may not have resulted in C.I.R.T. support, it remains apparent that previous experience intrinsically affects decision-makers. Indeed historical experience of C.I.R.T. support is also influential in current decision-making.

<u>Cultural Factors</u>

Thematic Sorting Analysis is shown in Figure 27.

<u>Cultural factors</u> across **Yes** and **No Schools** reflect the elements of school well-being and response capacity. Assessing a school's response capacity by the decision-maker is a complex task, which is underpinned by the responsibility to ensure organisational well-being, despite the school being in crisis.

<u>Religion Factors</u>

<u>Factors associated with religion</u> do not emerge as significant in the decision-making across **Yes** and **No Schools**. However, on reflection, the local clergy supported one participant school and it was clear that across schools a range of faiths were represented and perhaps religion and faith offer support within family life and the wider community.

<u>Neighbourhood Factors</u>

Thematic Sorting Analysis is shown in Figure 28.

Thematic sorting for <u>local neighbourhood factors</u> results in community relationship/ interactions being significant across **Yes** and **No Schools**. A school in crisis understandably may perceive itself as the epicentre of the C.I. and maybe a key source of support. However, during discussion with the decision-makers, it became evident that the wider community hub can be helpful. Equally so, across **Yes** and **No Schools** corporate support connectivity is relevant in C.I. situations, ranging from the availability of Macmillan Nurses and the Church, to one decision-maker who highlighted how the remote location of the school was a factor.

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<u>Type of C.I.</u>

Thematic Sorting Analysis is shown in Figure 29.

When thematically sorting data relating to the <u>actual type of C.I.</u>, it becomes apparent that no thematic sets representing similar themes emerged across **Yes** and **No Schools**. The type of C.I. is case-specific for the individual school and equally so is the response. The specific nature of the themes generated by this question is perhaps to be expected, given the decision-maker's response being dependent upon multiple factors, which are far more reaching than just the actual type of C.I. Some thematic differences however did emerge and will be discussed in the following section.

<u>Strategies</u>

Thematic Sorting Analysis is shown in Figure 30.

The themes arising from <u>short, medium and long-term</u> strategies were thematically sorted irrespective of temporal variation; the detail of short, medium and long-term origins is evident in the thematic map. It is interesting that all the thematic sets generated carry a theme/s across **Yes** and **No Schools**, thereby indicating a high degree of similarity of strategies deployed following a C.I.

Across **Yes** and **No Schools**, participant responses indicate a systemic approach to support strategies, following the C.I. The data suggests that schools are inherently resilient communities capable of responding in an organised manner. In the case of **Yes Schools**, the C.I.R.T. intervention such as psychological debriefing needs to dovetail into the school's systemic response. The support strategies are targeted at both staff and the young people across **Yes** and **No Schools**, although *Young People's Support* and *Staff Support* emerge as separate themes, obviously indicating some differentiation in approach. *Remembering* features across **Yes** and **No Schools**, which in its many guises is a common human response that often

manifests itself in the post-traumatic period. Indeed perhaps intense remembering strategies employed in **No Schools** diminishes the perceived need for requesting C.I.R.T. support. C.I.R.T. support in **Yes Schools** needs to be sensitive towards such remembering strategies. C.I.s generally affect a family/families across **Yes** and **No Schools**, in addition to young people and staff; therefore it is to be expected that *Relationships with the Family,* in a positive sense, are essential factors towards recovery. This is particularly important as C.I.R.T. intervention only occasionally involves direct family support, with most work being undertaken in schools with the child/children rather than the wider members of the family. Finally, across **Yes** and **No Schools**, there is evidence of the impact of external support, such as counselling and support from the church. This acknowledgement by schools of the value of external support strategies, indicates that despite a school's resilience and the deployment of internal strategies other professional expertise can contribute towards recovery following a C.I. Overall, across **Yes** and **No Schools**, there is a similar pattern of schools implementing internally-based strategies to cope with the C.I., however external support is recognised in some cases and indeed requested from C.I.R.T. by **Yes Schools** specifically.

There are similarities evident across **Yes** and **No Schools** in participant responses pertaining to features throughout the support process, which schools found useful in the normalisation process, as shown in Figure 31. Again, the school's relationship with the family features strongly in the support package across **Yes** and **No Schools**. Far from the school's involvement with the family being an obligation and another demand on support resources, it appears that there may be some indirect reciprocity, whereby providing family support contributes positively towards the school's normalisation. It is recognised across **Yes** and **No Schools** that the support for staff and children is a beneficial investment in responding to a C.I. This is echoed by support for the staff and children being a high priority for C.I.R.T.

when C.I.R.T. support is requested by **Yes Schools**. Depending on need, there is obviously variation in the level and type of support required by schools for staff and children. Likewise, **No Schools** need to gauge the need for staff and children support within their context. Ultimately, across **Yes** and **No Schools**, *Stress Reduction* alongside *Ensuring Whole-School Stability* is seen as a key feature towards normalisation. The means by which this is achieved is dependent upon the school's capacity to address trauma-induced anxiety. A characteristic of all these beneficial features identified by schools, is there being some element of triangulation between family, children and staff in the support process. Although individualised support has its place, the support must be focussed on achieving whole-school normalisation.

Therefore as there is substantial thematic cohesion across **Yes** and **No Schools** pertaining to useful support processes enabling normalisation, it is likely that a similar pattern will emerge in responses to the follow-up question, which investigates the role of such processes in strengthening the schools, as shown in Figure 32. Indeed a thematic set results from themes such as *Strengthened Staff* and *Whole-School Stability.* Despite the traumatic experiences associated with a C.I., it seems that overall a positive outcome across **Yes** and **No Schools** is that they are strengthened through the subsequent responsive C.I. support processes. Perhaps some elements of this strengthening experience are sustained over time in the post-C.I. period and beyond, such as in strengthened relationships whereas certain strengthening effects are more immediate and temporal, such as time and space for staff to share and reflect on the C.I.

Across **Yes** and **No Schools** it is recognised that the response to a C.I. is central, whether this be *Enabling Pastoral Response* which is a strengthening factor or the strengthening effects of the support process more long-term, whereby a school feels *Prepared for Potential Future Response* to a C.I.

Features of the support process that are less useful and <u>hinder</u> the normalisation of the school are less prominent overall in participant responses, compared with the aforementioned strengthening features, as shown in Figure 33. The thematic set across **Yes** and **No Schools** exemplifies that systemic inherent limitations and pressures such as success measures in the form of school performance tables can be compounded by the effects of responding to a C.I. The C.I.R.T. interventions need to be sensitive contextually to such potential hindrances within **Yes Schools**, and indeed the same could apply in the case of **No Schools** if alternative external support is sought.

<u>Summary</u>

In summary, many similarities emerge across **Yes** and **No Schools**, spanning a range of responses from participants across the data set. In terms of key factors, it is interesting that, despite these often being similar, for circumstantial reasons the decision whether to request C.I.R.T. involvement or not differs. The influence of type of school is very school-specific and therefore similarities exhibit more tenuous links. The impact of staff/pupil responses in decision-making shows similarities in approach. Clearly, historical experience of a C.I. impacts significantly on decision-making. The school culture and the local neighbourhood have influence upon participant choices across both **Yes** and **No Schools**. Coping strategies employed by schools were actually significantly very similar, whether these occurred with or without C.I.R.T. support. It is encouraging that support processes are generally useful and help to normalise the situation across **Yes** and **No Schools**. Less useful support processes hindering recovery, are less prominent.

4.4 Discussion of Yes School(s) only themes

I will now discuss my two research questions which are specific to **Yes Schools:**

> How do **Yes Schools** cope psychologically with a C.I.?

> What are the factors that influenced **Yes Schools** in the request for support post-C.I.?

Thematic sets were identified as a result of the thematic sorting process, some of which show themes for **Yes School(s) only**. Such thematic sets represent a distinctive theme or themes which arise across one, some or all **Yes School(s) only** from the data analysis, which in the following discussion is phrased as **Yes School(s) only**.

For **Yes School(s) only**, the thematic set relating to the key factors that influenced the decision-maker to request C.I.R.T. support, embraces the themes of *Initial Impact* and *Situational Need.* For these schools, the contextual effect of the C.I. precipitated a rapid request for C.I.R.T. specialised support. In turn it is the expectation of such decision-makers that a timely response from C.I.R.T. will be received. Although clearly **No Schools** would also have inevitably experienced an initial impact and a consequential situational need due to a C.I., these factors do not feature to the same degree in the decision-making as in the **Yes Schools**.

The type of school is influential in decision-making, creating a thematic set in the **Yes School(s) only** category. The type specifically is revealed as being *Church School.* It may be perceived by a school with a church affiliation compared to a non-church school that it is in less need of external support following a C.I., due to a potential support network being available through the church community. However, C.I.R.T. support was requested and once again their interventions need to be mindful of the context of the type of school, whether the church facilitates support or not.

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As already discussed, staff or pupil responses to the C.I. influenced the school's decision regarding C.I.R.T. support. The *Psychological Impact* theme in its entirety sits in a **Yes School(s) only** thematic set. Identifying psychological impact is complex by nature and difficult for the decision-maker, not least when at the centre of a traumatic situation. It is interesting that the decision-maker seeks C.I.R.T. support, with its potential psychological intervention, to meet the needs of the school. During such responses, the C.I.R.T. must consider, through consultation with the school, if their deployment is fit for purpose and appropriate, bearing in mind particularly the needs of the decision-maker themselves.

In some cases, **Yes School** decision-makers considered historical experiences as contributing towards current *Specific Needs.* This thematic set, peculiar to **Yes School(s)**, exemplifies a response to needs which have been partially identified through reflection on previous C.I. experiences. Equally so, **No Schools** may have reflected on previous experiences, but with a different outcome in terms of analysing their own support needs.

Family cultural considerations are cited as being influential in decision-making for **Yes School(s) only**. These schools seem to appreciate the wider impact of the occurrence of a C.I. and the cultural connectivity that results. Although C.I.R.T. does not often work directly with families per se, such schools acknowledge the benefits of consultation with the C.I.R.T.

However, religious factors do not feature in the evidence of the decision-making process for **Yes School(s) only**.

Similarly the local neighbourhood is perceived as *Relationships with Family* by **Yes School(s) only**. Also a thematic set for **Yes School(s) only**, relating to the local neighbourhood, emerges from the theme *Information Sharing.* Perhaps indirectly, due to post-C.I. neighbourhood reactions, decision-makers felt C.I.R.T. support would be useful.

The <u>actual type of C.I.</u> when thematically sorted results in a couple of thematic sets for **Yes School(s) only**. The first set is *Significant Situation* and *Initial Impact.* The 'significance' of the situation precipitated by the C.I. is a value judgement perceived by the decision-maker and inevitably it may vary across schools. Equally so, the initial impact, even if well prepared for, can be unpredictable. C.I.R.T. support was requested therefore on the basis that the severity of the C.I. warranted such intervention. The second set exemplifies that in any C.I., pastoral support/follow-up is likely to feature in the recovery process of the school community. Post-C.I. reactions however often exhibit common characteristics, such as shock and guilt, depending on the type of C.I. These characteristics linked with the type of C.I. can demand significant pastoral support as was the case for the **Yes Schools** creating this thematic set.

In terms of the <u>strategies</u> deployed across the short, medium or long-term, as previously discussed there is marked commonality across themes. No thematic sets result which are exclusively for **Yes School(s)**. **Yes Schools** seem to be implementing similar support strategies to **No Schools** but acknowledge that specialist C.I.R.T. support is needed due to their circumstances and therefore request it.

<u>The feature throughout the support process which **Yes School(s) only** found useful,</u> is the *Quality of C.I. Team Service.* It seems that generally decision-makers are satisfied with the outcome of their decision to request C.I.R.T. support. However, no exclusively strengthening factors for **Yes Schools** were apparent in the thematic sorting process. It is therefore difficult to identify or reach assertions as to the specific benefits of C.I.R.T. interventions per se. Clearly **No Schools** did not request C.I.R.T. support for the C.I. in question and therefore it would not be expected that C.I.R.T. interventions would be cited as a useful feature. It is a possibility however that previous support interventions from a range of external agencies may

have contributed positively to the coping capacity of **No Schools**, which led to a decision to not request C.I.R.T. support on this occasion.

A thematic set for **Yes School(s) only** features the discrete theme of *Poor Liaison with Police* as a factor that <u>hindered</u> normalisation. The C.I.R.T. in response to the request to support, need to be aware of the impact of the involvement from other external agencies/services.

In summary, the initial psychological impact of the C.I. creates a significant situational need, which highly influences a decision-maker's request for C.I.R.T support in **Yes School(s) only**. This in turn creates specific needs, including pastoral support and responding to the family. It is noted that the church school in the sample was a **Yes School**. **Yes School(s) only** also experienced the challenge of information sharing and liaison with external agencies, such as the police. Finally **Yes School(s) only** explicitly highlight the quality of the C.I.R.T. service as being a positive intervention.

4.5 Discussion of No School(s) only themes

I will now discuss my two research questions which are specific to **No Schools:**

    How do **No Schools** cope psychologically with a C.I.?

    What are the factors that influenced **No Schools** in the request for support post-C.I.?

Thematic sets were identified as a result of the thematic sorting process, some of which show themes for **No School(s) only**. Such thematic sets represent a distinctive theme or themes which arise across one, some or all **No School(s) only** from the data analysis, which in the following discussion is phrased as **No School(s) only**.

A <u>key factor</u> influencing decision-makers for **No School(s) only** arises as *Intuition.* Intuitive behaviour moulded by previous experiences and 'wisdom', was instrumental in the decision-

maker's processing to not request C.I.R.T. support. It could be that in the moment of the C.I. crisis, that **Yes Schools** may not have had such an intuitive reservoir to draw upon and therefore found the need to request C.I.R.T. support.

The significance of the type of school in the decision-making process is absent for **No School(s) only**.

Staff or pupil responses to the C.I. influenced the decision-making through the *Extent of Impact* and *Ability to Cope* for **No School(s) only**. The decision-maker will assess the extent of the impact of the C.I. Although C.I.R.T. was not sought, nevertheless it certainly cannot be assumed that the severity of the impact for **No Schools** of the C.I. was any less than for **Yes Schools**. Equally so, the decision-maker needs to assess the school's ability to cope using staff or pupil responses as a benchmark. For **No School(s) only** at the point of need, the observed responses of coping ability from staff or pupils indicated that the school felt they had the capacity to cope without C.I.R.T intervention.

No School(s) only cited *Present Capacity* in response to the influence of historical factors, which formed a discrete thematic set. It is interesting that **No Schools** are able to partially source their present capacity from past experience.

Neither cultural factors nor religious factors feature in the responses regarding the decision-making process for **No School(s) only**. Equally so, factors in the local neighbourhood are not evidenced as influential for **No School(s) only**. On reflection, it is interesting that this triad of factors were not distinctively significant in the decision-making process for **No School(s) only**.

When considering whether the <u>type of C.I.</u> made a difference in decision-making, the theme of *Preparedness* is a thematic set for **No School(s) only**. The need for C.I.R.T. support to be requested was perhaps lessened due to the C.I. being expected/previous experience of a C.I.

Coping <u>strategies,</u> whether across the short, medium or long-term, are not evident for **No School(s) only**, as indeed they are not for **Yes School(s) only**. **No Schools** seem to be employing similar support approaches to **Yes Schools** but do not request C.I.R.T. support, which suggests that their perceived coping capacity is adequate without such specialist intervention.

For **No School(s) only**, *Express Emotions* is a <u>strengthening</u> outcome from the process of normalisation. This pastoral strength may be considered a catalyst in coping during the post-C.I. period and perhaps therefore C.I.R.T. support was not required to the same extent.

In summary, a range of factors influence the decision not to request C.I.R.T. support for **No School(s) only**. The extent of impact is a key initial consideration which in terms of normalisation, is focussed upon in relationship to the present capacity and in turn the ability to cope. The level of preparedness also influences such capacity. The more personal aspects of utilising intuition as a tool and the expression of emotion are important for **No School(s) only**. As previously exemplified, there is indeed substantial evidence of similar factors and considerations across **Yes** and **No Schools** in the decision-making process, thereby diminishing the possibility of factors which apply to **No School(s) only**.

4.6 Participants' Reflections

The final question (Q6), which asked participants to reflect generically upon the school's experience of the C.I., revealed some poignant data. Due to the open-ended nature of this question, it inevitably presented a myriad of responses, for which I felt that a discussion at this point would be appropriate.

Yes School Reflections:

Having requested C.I.R.T. support, **Yes School** comments included some suggestions towards improving the efficacy of their C.I.R.T. experience. Although every C.I. is unique and precipitates its own cascade of decision-making, *"…it would be nice for them to have a little target list of what to do 'right, this has happened, what do we do next? Right OK, we organise this, we organise that.'"* (**I2 PAR2 Q6 p13**). The temporal dimension in terms of response from C.I.R.T. was alluded to, indicating that a more rapid response would have been appreciated: *"I mean obviously I've spoken a great deal about how I feel it should have been dealt with quicker and I'll maintain that that's the one thing, that really stands out."* (**I2 PAR2 Q6 p12**). A positive experience of such a rapid response was expressed as: *"It was 'right, we need a quick response. Now'. And so the critical incident was a really effective, strong process."* (**I4 PAR4 Q6 p11**). More long-term, *"…six months down the line getting back in contact and saying 'anything else you need'? Because it doesn't hit everybody at the same time. So again I think that would be potentially useful."* (**I2 PAR2 Q6 p13**), commented a decision-maker. Possible action points in response to these comments will be discussed in the conclusion. *"…although group sessions are a great thing, the availability of individual sessions would have made a great deal to, dare I say it, somebody like myself who doesn't*

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want the rest of their team knowing, I don't wanna put my baggage on my team" (**I2 PAR2 Q6 p13**), therefore perhaps opportunities for C.I.R.T. support on a one-to-one individual basis could be available. Also *"at those meetings, erm, again I never attended any of them because I'd got other things happening at the time, which again is another issue."* (**I2 PAR2 Q6 p12**), and so ironically the decision-maker who requested C.I.R.T. support was unable to participate in the debriefing sessions. The challenge for the decision-maker in deciding to request C.I.R.T. support or not can be daunting and indeed could be avoided by it being *"That it shouldn't be an offer if people need it, it should be a err, the critical incident support should be put in and then people can, you know people, people should be given enough time to come and see err a service such as the critical err response team."* (**I2 PAR2 Q6 p12**). Indeed C.I.R.T. can be viewed as: *"…an essential service really, an essential thing that is offered that really erm, supports the staff, the pupils, the parents…"* (**I4 PAR4 Q6 p11**). The aspects of pride, stigma and emotion in terms of coping and the need for support are exposed also but if such influences can be overcome, the outcome can be an attitude of *"… if you do go through a critical incident like this then get as much support. Don't say no to anything because you'd be surprised how much support you do need"* (**I5 PAR5 Q6 p11**), can prevail. Overall, reflecting on the **Yes Schools'** decision-makers' experiences of the C.I.R.T. support process, it was received positively: *"I would say if I found myself either here or in any other school, in the same position I would still request the support again because of the impact that it had at that time"* (**I6 PAR6 Q6 p9**).

No School Reflections:

These schools responded to their C.I. without a request for intervention from C.I.R.T. At the decision-making stage, schools underwent a needs analysis, whether formally or in a less structured fashion over time. "*…if you've got a critical incident you need to phone us and these are the critical incidents we will happily support you with 'cause you need to be more explicit to new heads if and when they have to face that.*" **(I8 PAR8 Q6 p8)**, exemplifies possibly the more structured approach that a less experienced decision-maker adopts. Indeed, "*…I don't think in terms of training as a head you're ever exposed to how severe a critical incident could be.*" **(I8 PAR8 Q6 p8)**.

The more flexible approach based on need has implications for the C.I.R.T. response where potentially "*…so we didn't force support, we didn't force issues we negotiated and talked to people and responded to need rather than felt that we knew what the need was.*" **(I7 PAR7 Q6 p10)**, could result in a delayed request for C.I.R.T., therefore essentially converting a **No School** to a **Yes School**.

A school's perception of professional advice can influence the decision-making process: "*…I certainly wouldn't have agreed to children being interviewed, or probed, or pushed the way that we did it was you know, I felt was the right way.*" **(I9 PAR9 Q6 p15)**. A subjective benchmark in decision-making can contribute to the outcome, such as: "*You know yourself, you try and do things that would be you know if someone was going to do this, would it be acceptable for my children then it's acceptable for everyone else.*" **(I9 PAR9 Q6 p15)**.

On reflection, the capacity to support is considered in the decision-making process: "*And we have somebody like *** and her team that have capacity that have that caring side of them that we have somewhere for them to come, that we have that open approach that you can*

come to the office about anything at all, that has helped us deal with this situation." **(I10 PAR10 Q6 p10)**. The embedded pastoral strength exemplified here clearly impacted upon the decision not to request C.I.R.T. support on this occasion; the school had received C.I.R.T. intervention for a previous C.I. and perhaps this developed their internal ability to respond to the current C.I. Also this school's experience of self-support is perceived as a potential resource for future C.I. situations: *"…we can build on it because we never know when these incidents are going to happen and how we have to deal with it so whatever we put in place now is something that we can build on for if it does happen again."* **(I10 PAR10 Q6 p9)**.

Accountability could be exacerbated in certain school situations where C.I.R.T. support has not been requested. Such evaluation reaches beyond financial budgets: *"…I'm quite satisfied that what the school has put in place and from my perspective and from the company's perspective is that we felt that we've done enough to support…"* **(I10 PAR10 Q6 p9)**.

Reflections from **No Schools** also exemplify their acknowledgement of the challenging psychological impact of the C.I., as expressed by: *"Just the great sense of loss and frustration that I couldn't be of more help to the family."* **(I11 PAR11 Q6 p6)**. Equally a philosophical response expressed was: *"…an over-riding sense of, I suppose the, the fact that I was lucky to have met such a positive and happy go lucky and charming young woman."* **(I11 PAR11 Q6 p6)**.

In this chapter the findings have been presented. Using thematic maps and through thematic sets, similarities and differences have been identified and analysed, showing themes that indicate that schools were able to cope psychologically post-C.I. An effective pastoral response was key across the school population. Stress reduction was a positive outcome

which was instrumental towards a sense of whole-school normalisation. Schools inevitably function under certain systemic constraints and pressures. In cases where external support was requested through C.I.R.T., schools felt strengthened and more prepared.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

<u>Introduction</u>

This chapter offers conclusions to my thesis and recommendations for future practice and research. First it offers the research process overview. The key findings are presented and these are then discussed in relation to the literature and practice. There is a consideration of research justifications and limitations followed by questions, recommendations for practice and suggestions for further research.

<u>5.1 Research Process Overview</u>

The research fulfilled its primary aim, which was to explore psychology and C.I.s or indeed C.I.s and psychology, specifically the application of educational psychology to C.I.s, both in the school context and those affecting the wider school community. My primary motivation for the research had arisen from an intuitive compulsion to help in trauma/crisis situations in my professional capacity. In striving for excellence in service delivery, I was motivated to enquire into the efficacy particularly of the C.I.R.T.

 The rationale for this specialisation continued to increase during the research with a deepening awareness of my role as a front-line educational psychologist working specifically within C.I.R.T. My experiential baseline of understanding served to contextualise the data. As the co-ordinator of the C.I.R.T. my adoption of the position of an insider researcher was intrinsic to the integrity of the research; I had previous knowledge of the C.I.s in the researched schools and had worked directly with those who had requested C.I.R.T. support.

However during the research this benefit had to be balanced with the challenge of the objectivity of the research, which I partially controlled by establishing a defined role as a researcher, rather than in my educational psychologist role per se. Although on occasions during the interviews the roles had the potential to become dual.

Whilst eliciting data relating to schools' actions and experiences in the aftermath of a C.I., the themes emerging across all schools exemplified the manifestation for self-support and significant resilience. The overarching need to address psychological coping post-C.I. was reflected in all the schools. The school communities are to be applauded for their pastoral support, team-working and capacity to cope which was exemplified across the data, whether outside support was requested or not.

Due to my professional understanding that requesting C.I.R.T. support post-C.I. for schools is an optional action, I particularly focussed upon decision-makers in their lead capacity for support provision. It became clear from the research data that their role as decision-makers significantly influences the psychological coping outcomes of the school post-C.I. My understanding of the efficacy of C.I.R.T. has certainly been enhanced throughout the data analysis; participants were generally satisfied with the effectiveness of the service.

Equally, a research motivator was to utilise the opportunity to investigate any psychological support processes which schools employed. As C.I.R.T. co-ordinator I now have more informed insight into how schools recognise the significant contribution of outside support other than C.I.R.T., where schools gave testament to the psychological support from such services.

On the basis of my searches in formulating the literature review, my field of research seems to be relatively unique. Much of the previous research is in a context of emergency support

following disaster and the focus around P.T.S.D. The rationale of applying adult-based psychological interventions with children generates critical argument. The L.A. response to C.I. is varied due to local arrangements in different authorities. Some national cohesiveness in the field within educational psychology could be a challenge but would be helpful.

Despite the potentially challenging and sensitive nature of the research data to be gathered and the pressure under which schools operate, generally schools were amenable and willing to participate; I had predicted that obtaining participants may have been more of a challenge. However, this positive cooperation was due in part possibly to my position as an insider researcher. Also the experience of the interview indirectly enabled a cathartic opportunity for some schools where there was an opportunity to recount their experiences in a professional, understanding and non-judgemental atmosphere. Interestingly, schools seemed to be equally affable in the interview, whether they had requested C.I.R.T. support or not.

The sensitive data collection process was crucial to the resultant findings. First, key decision-making factors influencing the decision to request C.I.R.T. support (outside support) were probed in a structured questioning format. These questions consistently generated specific qualitative data which reinforced them as being fit for purpose. However, a pattern emerged whereby certain factors such as staff or pupil responses resulted in rich data across all schools, whereas the historical factors question, for example, consistently generated little. The mid-section of the interview questioning was concerned with support strategies which included the variables of timing and grouping. A plethora of responses result, which in the case of **Yes Schools** included C.I.R.T input. In terms of the **Yes Schools**, all of whom received C.I.R.T support, there was evidence that such support was perceived as part of the overall support strategy. In terms of the **No Schools**, obviously C.I.R.T. support was not requested and therefore was not part of the support strategies. However, there was evidence of outside

support within some **No Schools** such as Macmillan Nurses, and there was evidence of indirect C.I.R.T. support because some **No Schools** indicated that previous C.I.R.T. intervention had contributed towards supporting the current C.I. These responses contributed to the increasingly complex understanding of post-C.I. coping which emerged from the data. Finally, the interview questions interrogated the efficacy of the support processes employed to bring about normalisation within school. Although to maintain balance, the questioning warranted a consideration of any detrimental effects of support, this question generated no data. Perhaps in the midst of crisis, schools are very accepting of the support offered and the positive effects outweigh any negative aspects. Interestingly, the concluding 'catch-all' question enabling participants to reflect upon their C.I. experience resulted in a swathe of reflective comments from participants. Such an open-ended question complemented the earlier structure of the questioning effectively. So overall, the questioning schedule was adequately rigorous and flexible and provided the depth of qualitative data required.

The theoretical perspective was that of an interpretivist viewpoint. The hermeneutic enquiry in practice operated on a dual level due to the dialogic nature of the interview method. Overall, although clarification of interpretation of questions by the participants was welcomed by myself, such occurrences were few. However the interpretation of the data was undertaken with no follow-up consultation with participants to clarify meaning. In a phenomenological sense, perhaps there could have been more opportunity for the exposition of the participants' raw experience of a C.I.; perhaps this is a slightly negative by-product of being an insider researcher with previous knowledge of the C.I. The social dynamics of the interview interactions centred on the senior decision-maker who coordinated the support response to the C.I. It became evident through the data that the role behaviour was influenced in part by the psychological reactions to the C.I. by the participant/s. Perhaps this raises interest in terms of

'head/ heart' driven leadership interrelatedness in such trauma situations. Finally, within the interpretivist perspective the heuristic enquiry component was manifest through my use of thematic analysis (T.A.) for data interpretation. As the application of the T.A. evolved, the relatively abstract themes emerged which were rooted in the more concrete codes. The interpretivist standpoint, on the whole, was appropriate and rigorously applicable for the qualitative data.

Due to the rigorous yet sensitive ethical preparation for the research and the nature of the interview method employed, there was no evidence that ethical considerations were compromised. All participants were satisfied with the research arrangements.

As implemented, the semi-structured interview was probably the most suitable method in which the schedule of questions could be utilised. It provided a confidential forum with one-to-one interaction between researcher and participant, and the resultant audio data was readily utilised as a detailed resource of first-hand information from the personal and professional experience of participants. A development could have been follow-up interviews in some cases to further question responses of particular interest. The challenge of a face-to-face interview with such sensitive material was apparent in some cases; an alternative to reduce this issue could have been possibly achieved via telephone interviews, but the social interaction would have reduced.

In summary this single study of six **Yes Schools** who had requested and received C.I.R.T. support and five **No Schools** who had not requested C.I.R.T. support fulfilled its fundamental purpose and aim with an appropriate rationale and achievable implementation.

The application of the thematic analysis enabled data interpretation and contributed towards some answers to the research questions regarding psychological coping in schools post-C.I.

Initially, data reduction highlighted pertinent quotes of interest which illuminated the research questions. I attempted maximum consistency in my approach but recognise the inbuilt subjectivity of this process. A suggestion of an alternative method would be to apply a computer-based program such as NVivo to the data. The initial codes were generated and as this process continued it seemed to be informing the research questions. These codes were refined and reanalysed to generate themes, by inductive analysis (Braun and Clarke, 2006) which could be mapped in graphic form. My coding process resonated with Kleining and Witt's (2000) overview of heuristic enquiry and I felt that my analysis resulted in abstract-like themes which maintained their concrete identity. I maintained rigour by creating coding grids. So the thematic analytic approach resulted in themes for the majority of questions. However the question asking "Who was involved in making the decision?" and the final open-ended reflective question for example, would not have maintained the integrity of thematic analysis. The data from these questions was useful, providing both facts and reflections. Nevertheless, overall the thematic analysis was an appropriate tool for my interpretive theoretical approach to the data.

However I needed to develop an effective method to enable a clear comparison across **Yes Schools** and **No Schools** data, to allow me to examine support processes with particular reference to C.I.R.T. I therefore developed the thematic sorting process which fulfilled its purpose of enabling a comparison between the two data sets; however, I am not aware of its application elsewhere and further trials to establish its efficacy would be welcome.

5.2 Discussion of Findings in Relation to Literature and Practice

The C.I.s in my sample were situational by nature as they included road traffic accidents, suicide and death through terminal illness, according to Caplan's (1969) crisis definitions,

cited by Mitchell and Everly (2000). This resonates with the idea of the crisis event as described by Wade and Tavris (1993), to which my interview question regarding type of C.I. related. This links with the initial impact described by participants in their decision-making.

I acknowledge that the C.I. definitions of Johnson (1989) and Hokanson and Wirth (2000) focus upon the psychological coping capacity, rather that the event itself. To research such a focus has been a challenge, largely due my consideration that to be present as a researcher at the height of the incident would have been inappropriate. However my retrospective-style data collection still revealed elements of the emotional, cognitive and behavioural effects of the C.I. In terms of potential psychological crisis as presented by Mitchell and Everly (2000), there was no evidence of participants having experienced such a traumatic reaction; however, emotion does feature in my school responses.

A key characteristic of the C.I.s in the data was that they were untimely, although in the case of terminal illness there was a sense of preparedness; Wade and Tavris (1993) suggest that the timeliness enhances coping capacity. Indeed, my sample showed preparedness influences coping.

I agree with Resick (2001) that bereavement is not a psychological disorder and from my experience it is perceived as low-incidence and, generally speaking, temporary by nature. It was evident in my **Yes School** data set that support was requested partly to complement the school's provision to deal with the bereavement. I would like to highlight the need for a more consistent approach in pastoral provision in preparation for bereavements through a C.I., especially as pastoral support was crucial in the schools coping post-C.I. Johnson (1989) emphasises the importance of the adult's response to children following a crisis being appropriate. **Yes School** participants alluded that the C.I.R.T. support offered such an

appropriate adult intervention. I felt having supported these schools myself, but not being an intrinsic part of the school community that I could offer a sense of objectivity as outside support, and such support should enable the increased maturity and psychological strength, described by Moore and Carr (2000), to develop in children.

In terms of the models of grief, it seemed that participants had some understanding of the expected grief reactions following a death; all of the C.I.s in the research sample resulted in a death. I reinforce Payne et al.'s (1999) proviso that such models used prescriptively may ignore individual differences. Certainly the breadth of my thematic maps showed diversity in how schools cope psychologically post-C.I. Perhaps the overall components of grief could be incorporated into post-C.I. guidance for schools and indeed in an appropriate manner into a curriculum for C&YP., such as Wilson's pictorial Whirlpool of Grief. Remembering was a key response for both **Yes and No Schools** and family featured highly, so this relates to supporting through grief.

Wynnejones (1985) encourages the importance of normalisation in recovery, and all my participants whilst working through the reactions to the C.I. indicated that their response included contributing towards a return to normal, whilst not underestimating the effects and change that the C.I. had precipitated. It was also manifest as stability in the data, especially across the whole-school.

Interestingly, Post-traumatic Stress Disorder (P.T.S.D.), such as reported by Prinstein et al. (1996) did not feature in the dialogue of my interviews specifically. Although within the discipline of psychology, P.T.S.D. is a significant indicator of further support being possibly required, it should also perhaps be given greater consideration post-C.I. in the school context. The participants in my research seemed to exhibit a sound awareness of the coping

mechanisms within their staff teams and C&YP. The C.I.R.T. was able to assess psychological coping in **Yes Schools**; it was encouraging to see evidence in the **No School** participant responses so I felt confident that the psychological signs of P.T.S.D. would have been identified if they had been apparent.

Despite the controversy surrounding the efficacy of P.D., such as maintained by Rose et al. (1999) and N.I.C.E. (2005) guidelines, P.D. was the key intervention employed by C.I.R.T. to support **Yes Schools** post-C.I. The justification for its use by C.I.R.T. was based on the initiative proposed by Dyregrov (2008) as a psychological intervention for C&YP. Therefore P.D. was arranged with the Head Teacher in liaison with C.I.R.T. The Head Teacher had identified members of the school population to be offered P.D., the process of which had been thoroughly discussed beforehand. P.D. was administered in a group setting to adults and separately to C&YP., on a needs basis as a single session. Although P.D. is a group-focussed approach, if a request for a one-to-one P.D. session was made and it was deemed to be appropriate, then it would be arranged. If an individual was identified during this initial discussion for whom P.D. was deemed not appropriate due to them exhibiting extreme grief reactions, for example then I would have advised a referral to specialist outside support.

Significantly in my research all **Yes School** participants referred back to this C.I.R.T. support and all indicated positive outcomes from having received P.D., such as those suggested by Stallard and Salter (2003). I believe this was achieved due in part to the homogeny of need within the debriefed groups and the free choice to attend. Indeed, participants did not share any evidence of the occurrence of potential harm which has been attributed to P.D. such as by Mayou et al. (2000). I agree with Wei et al. (2010) that there is a lack of school-based research on the effectiveness of P.D.; however, my research is some evidence of its positive contribution to psychological coping post-C.I. in schools. However, more recent thought

concerning the future direction of C.I.R.T. intervention is moving towards considering Psychological First Aid (P.F.A.), which offers a less rigid, more open-ended and self-supporting approach compared to P.D.

The internal, informal, self-supporting strategies particularly evident in **No Schools** post-C.I. seem to resonate with aspects of the P.F.A. approach, perhaps illustrating Vernberg et al.'s. (2008) analysis of P.F.A. design which implicates its application in a range of diverse settings, including schools. The **No Schools** displayed examples of P.F.A. such as the development of group cohesion, fostering resilience and survival strategies (Allen et al., 2010). It is interesting however, that although it seems a P.F.A. approach was useful, it did not necessarily translate into a request for outside support from **No Schools**; P.F.A. tends to promote linkage with collaborative services (Vernberg et al., 2008). I feel that P.F.A.'s potential as both an immediate self-help approach for schools post-C.I. as well as a C.I.R.T. intervention has not yet been fully realised.

Other specialist therapies such as cognitive behaviour therapy, play therapy and massage therapy were not cited by any participants during interview. It may be that such other therapies could contribute more to post-C.I. recovery.

The concept of Post-traumatic Growth (P.T.G.) was evident to a degree in both **Yes Schools** and **No Schools** as participants reflected. It was clear that normalisation had been achieved across the schools, and by working through grief, adversity and implementing support strategies there were lasting positive outcomes. Joseph's (2012) P.T.G. outcome of improvement in relationships was illustrated by recounts of increased collegiality and well-being; positive changes in self-perception were evident through increased confidence both on an individual and whole-school level. Joseph's third element of improved psychological

functioning post-C.I., that of positive philosophical outlook, was exemplified by schools reporting that the C.I. experience had reinforced their school values and ethos. I am aware that such P.T.G. was self-reported through interviews and also that one needs to be mindful that in order to evaluate whether P.T.G. is sustainable, it would need to be assessed over a much longer period. I agree with Clay et al. (2009) that more research would enhance our understanding of P.T.G., especially with C&YP.; however, I feel that it is an exciting prospect for perhaps C.I.R.T. to consider the P.T.G. perspective when supporting schools post-C.I.

All **Yes Schools** had received C.I.R.T. support and participant interviews revealed that such support, alongside other school-based interventions, was self-reported to be useful. Bender's (1976) recommendation that a psychologist should assess likely pay-offs of interventions in terms of change was partially fulfilled retrospectively through my research. A reduction in stress was reported by schools. The sharing of information was important for many schools at the time of the C.I. and the research itself provided another forum for a retrospective sharing.

The variables impacting upon reactions to traumatic events identified by Parkinson (1997) were in keeping with my research findings. In particular he identifies the character/ personality of those involved and I sensed through my face-to face interviews integrity, respectfulness, positive outlook, realism and pragmatism amongst the participants. He also cites the support before, during and after the C.I. which was highlighted by many participants. All schools seemed to gauge their journey towards recovery with sensitivity whilst appreciating the differing needs across the school population, with little opportunity to address their own needs. Could C.I.R.T. offer more support to senior managers regarding their own well-being? Although participants were the key decision-makers it was clear that their strong staff teams were essential during normalisation; Reid and Dixon (1999) and Dyregrov

(2008) recognise the unique resource of teachers post C.I. Schools reported how they worked across the needs of children and staff and were strengthened through the recovery period.

Just as Yule and Gold (1993) recognise the short, medium and long-term actions post-C.I., I saw this was evident in participant responses when asking about temporal strategies. Although there was some crossover, some distinctive themes emerged. In terms of psychological coping, my research showed that there was significant need during the short-term critical period and medium-term normalisation period which then lessened into the longer term. However, although it did not apply to my sample schools, occurrences of serious need such as P.T.S.D. would demand longer term specialist support. Circumstantial factors cited, the situational need and the ability to cope inter-related in the schools as strategies were discerned. Certain factors can interrupt or impact upon the process of recovery, such as schools who identified external pressures and systemic limitations, or perhaps if a school suffers a subsequent C.I. during the same period. This can impact on the present coping capacity described by schools.

Generally **Yes Schools** felt that C.I.R.T. support enabled them to cope psychologically post-C.I. However, one school made it clear that they would have preferred a more rapid response from the C.I.R.T.; perhaps this reflects Mallon and Best (1995) when they criticise the lack of efficient response to a school C.I. from the perspective of the L.A. services. My research showed from participant self-reports that our C.I.R.T. services are respected, well-defined and effective. Positive relationships between C.I.R.T. and senior managers, other staff, children and families were key to the success of C.I.R.T. intervention. The C.I.R.T. approach echoes the style advocated by O'Brien et al. (2011) in that it is invitational rather than expectational. As with standard C.I.R.T. practice, it is ensured that every school has some contact with

C.I.R.T. post-C.I., which may be initiated by the schools themselves. If schools request support it is always granted and all schools have an offer of C.I.R.T. support which can be accessed. A letter from schools is always sent to parents requesting permission for their child/children to partake in any P.D. session that is led by the C.I.R.T., which reinforces the invitational approach. All sample schools seemed to be content with this approach to L.A. psychological support post-C.I. Other external support was reported by participants and requires further research, including perhaps C.I.R.T. working more closely together with such providers.

The key findings revealed that a range of factors contribute to how schools coped psychologically with a C.I. and these can be reflected upon in relationship to the literature and how they informed the recommendations.

Schools targeted both staff and young people in support. An understanding of death by children and young people is essential to this support, as in the developmental stages of death concepts offered by Wass (1984) and schools may need advice in this respect. The strategies adopted by schools showed that they had an understanding of the potential lifelong psychological effects which could result from trauma if untreated, as described by Caplan (1964). This is particularly pertinent for schools who cope psychologically with no outside support. Schools also were aware of the positive outcomes from tragedy, as highlighted by Leaman (1995), whereby the staff and pupils were united in their support for each other.

The engagement and support with families was emphasised by schools, which reflects the importance of family as for example is recommended by Rady et al. (2010) where the family is a context for P.D., for example. This could be considered as an extension to the support offered by C.I.R.T. Van Emmerik et al. (2002) stress the natural support process post-trauma,

such as from the family. Schools described the strength of families in dealing with the C.I. Equally, schools showed that they had some understanding of the psychological burden of child traumatic stress, but Cohen (2003) also emphasises the biological burden. Although the participants were being questioned on the former, the data did not reveal much evidence regarding the latter. Schools could be more mindful within their interaction with families post-C.I., such as being aware that some parents protect their children from the stress associated with trauma, as described by Di Gallo et al. (1997). My recommendation of schools working more widely with offering family support thus arises.

Pastoral responses across schools in terms of coping were prevalent and effective according to the participants. My recommendation that the maintenance of such pastoral support could be enhanced is due to all schools referring to the pastoral dimension in their psychological coping. However, there was a perceived need by the researcher to embed such support more deeply in the understanding of the stages of grief, such as those proposed by Ramsay and de Groot (1977). Indeed, deviations from the expected in the form of abnormal bereavement reaction (Dogra et al., 2002) could then also be identified. The data from schools was however rich with examples of Riches and Dawson's (2000) principles of bereavement support, including helping to find other sources of help. This reinforces the approach taken by C.I.R.T. and harnesses the benefits of working together.

Remembering by the participant is inherent in the interviewing itself and the examples in the data of the importance of remembering as supporting recovery is widely evident across schools. It is in-built in therapies such as play therapy (Webb, 2011) and opportunities for remembering are a feature of P.D., especially within the broader naturalistic setting (Deahl et

al., 2000). The time recommendations of interventions need to be perceived alongside the immediate and more long-term memory experiences associated with loss.

Schools recognised expressions of emotion as contributing to psychological coping. Schools have a duty of care post-C.I. and emotional welfare is considered integral in this caring. It is significant that schools included both staff and children/young people in the emotional responses. It seems that schools agreed to the perception that grief can be identified as a natural emotion of life as proposed by Kubler-Ross (1983) and it is positive to witness schools allowing for emotion and accepting its benefits in psychological coping. The public expression of grief is a challenge, but Trickey (2013) understands how the stressors being released and expressed in the open is positive, such as through C.B.T. My recommendation for a consideration of the emotional management of the decision-makers is connected with this exploration by schools of emotional responses to a C.I. It is also important to be aware that although some schools faced C.I.s more frequently and/or displayed preparedness, the perhaps expected emotional resilience of staff and pupils is not a substitute for specific emotional care in certain situations.

Green's (1994) definition of stress can apply to schools to a lesser or greater extent on a daily basis. The schools in my research emphasised how a reduction in stress is essential in the psychological coping post-C.I., which in turn contributes to normalisation. Also schools described how they were managing or being affected by the stress generated by trauma in families as described by Dyregrov (2001). Wesseley and Deahl (2003) describe P.D. as part of a comprehensive stress management package; schools receiving P.D. through C.I.R.T. reported that the interventions were effective. There may be some connection with P.T.G. through reduction of distress, as Linley and Joseph (2004) cite, and indeed a therapeutic

change. Perhaps generic stress in schools is increased by the distress but regular stress is a characteristic of school life and its existence contributes to normalisation. Certainly schools needed time and support to cope with the distress/stress, and reduction of stress enhanced the ability to cope.

Indeed, normalisation featured significantly in schools coping with a C.I. and such normalisation is the aim in terms of outcomes of C.I.R.T. intervention. Dyregrov (1991) emphasises in post-bereavement support the importance of the resumption of normal routine. Archer (1999) is pragmatic and understands the psychological changes associated with normalisation. The return to routine and thereby normal functioning was reported as being instrumental in coping psychologically post-C.I. for schools in my data. The American Psychological Association (2008) suggests that normalisation for children occurs within weeks or several months. The expectations of the schools were open-ended, taking this into account, although schools were keen to encourage initial normalisation through a return to routine as soon as practically possible. However the deeper psychological normalisation is a challenge for schools to ascertain and so perhaps reinforces my recommendations of an expectation for C.I.R.T. support to be requested in all cases of a C.I., which may include directing to other professional opinions and support which can be offered. A school may appear to have returned to normal but the C.I. event means that the school cannot ever be entirely the same as pre-C.I. Deeper psychological difficulties which may be less apparent may exist, such as mentioned by Rees (1997) in discussing children carrying psychological injury of loss following trauma. This also reinforces my recommendation that the service available from C.I.R.T. is more thoroughly promoted.

Schools linked the normalisation process with the regaining of stability. There is an assumption that the school is a place of stability pre-C.I. and other factors affecting inherent stability include systemic limitations and other pressures. Pynoos and Nader's (1988) insight into P.F.A. specifically emphasise the restoring of the school community. Indeed many schools testified to a strengthened stability through experiencing the C.I. and the recovery process. The strengthening reported by schools through the experience of a C.I. echoes Meyerson et al. (2011) in their definition of P.T.G. whereby positive change is an outcome from the struggle with trauma.

The systemic limitations and other pressures which schools reported impacted upon their psychological coping. Balk et al. (2011) exemplify individualised cases of intervention, which if implemented require the school and wider system to accommodate, such as in terms of resources. The proposed recommendation that all schools could be expected post-C.I. to access at least a visit from C.I.R.T. would have resource implications, for example. Kantor and Beckert (2011) discuss P.F.A. as initially meeting basic physical needs. Schools for example which had lost a member of staff in the C.I., would be immediately in need of meeting staffing requirements and so P.F.A. support could be beneficial. The P.F.A. approach may be useful in the school that alluded to an external pressure, for example, which may be outside of their control. However its flexibility and relevance, as identified by Jacobs and Meyer (2006), may indeed enable such an approach to navigate the limitations and pressures of school communities.

Schools positively reflected upon their preparedness for a C.I., often from previous experience, and schools did not specifically feel they were unprepared, but suffered shock and helplessness. However the proposal for the curriculum to embrace such areas as loss and

change, such as by McWhirter et al. (1998) would develop preparedness and C.I.R.T. could support this. There is also the potential to capture the impact of the positive development of coping skills (Schaefer and Moos (1992), which was evidenced by schools and would continue to reinforce confidence in being prepared. Barclay (2004) emphasises the importance of recognising the potential of C.I.s and to ensure a readiness. My recommendations regarding C.I.R.T. specifically are therefore two-fold: the enhanced follow-up from intervention ensuring recovery is successful/identifying any further support, and the development of a C.I. guidance pack to engender increased preparedness in schools.

The benefits of external support were acknowledged by all schools that accessed such support. Indeed, Casswell (1997) identifies that, where needed, good inter-agency co-operation is crucial, so it is maximising the outside support. The psychological coping strategies by schools that did not request outside support are a recommendation to therefore explore. There may be support mechanisms utilised which could be of benefit to all schools. The multi-faceted approach to intervention, including debriefing, considered by Everly and Mitchell (2000) could be of interest to schools. C.I.R.T. opportunities for sharing good practice whilst accepting that each C.I. is unique could be promoted further, perhaps through a forum at local level.

The factors influencing the decision as to whether to request outside support were less diverse than the categories of psychological coping. The participant for each of my interviews fulfilled the role of lead professional, as defined by Morrison (2007), who decided the course of action post-C.I. I agree that schools are unique in this respect and indeed this contrasts with some of the other literature explored which focuses on a broader, multi-disciplinary approach in different contexts.

The initial impact of the C.I. was significant in the key findings regarding decision-making. Stratton and Hayes (1999) identify characteristics such as intensity, unexpectedness and shock relating to the impact of trauma. Schools in my data alluded to such factors within the initial impact and I was particularly aware of how the same type of C.I. incident in my research resulted in a range of initial impact experiences, but Stratton and Hayes seem to have encapsulated the essence of initial impact overall.

Circumstantial factors in my research arose as influencing the decision-making. Szumilas et al. (2010) recognise that the circumstances of the C.I. are relevant when implementing particular interventions; they advocate that P.D., for example, is appropriate for suicide and accidental death. The responses by decision-makers were on occasions affected by the circumstances of the C.I., which concurs with Sanders (1993) who suggests that the mode of death influences bereavement outcomes, such as psychological responses and recovery. However, schools generally initially responded in similar ways to the C.I. irrespective of the circumstances. The subsequent specific decision-making was more likely to be influenced by the detail of circumstances. In reacting to a C.I., decision-makers were also mindful of the wider circumstantial factors, such as supporting the whole school community alongside the attention being focussed on the victim(s), as explored by Rees (1997).

Situational need linked closely with the circumstantial factors. The decision-makers assessed their need and decided whether to request outside support. It is important to recognise that situational need can shift over time and it can be a challenge for decision-makers to gauge this; it is to be recommended that C.I.R.T.'s on-going availability according to need is emphasised in the proposed C.I.R.T. guidance pack. Litz et al. (2002) recognise the dilemma between support for all those affected versus an approach which waits and targets to support

those most at risk. Schools took a mixed approach where both individuals/groups could be identified for support as well as the whole school community. Decision-makers across the schools were aware of the sensitivity surrounding situational need and reflect the P.F.A. approach described by McNally et al. (2003) which assesses needs and offers support without the expectation of victims necessarily disclosing deeper personal thoughts and feelings about the incident.

The decision-makers were able to distinguish between their overall ability to cope and the present coping of the school, which is essential in the ever-changing decision-making process. Johnson (1989) describes the psychological impacts of trauma and when these are related to my findings, indicators of impact included Johnson's emotional condition and behavioural changes; however, interestingly, decision-makers did not specifically mention any cognitive problems identified as a result of trauma.

All schools considered staff and pupil responses to the C.I in their decision-making. Chaplin (1985) interestingly describes the two extreme manifestations of crisis as either a significant improvement or deterioration. The decision-makers were looking for the latter in staff or pupils and perhaps ultimately the former over time. Hindmarch (1993) offers an age and stage model in relation to a death experience. There was some evidence that decision-makers considered expected responses according to age and stage. Again the C.I.R.T. guidance pack could include information regarding the age and stage expectations.

The voice of the child can be a challenge to elicit for decision-makers and the child's information also needs to be understood; perhaps expression through drawing, as encouraged by Gross and Hayne (1998) could be considered on an individual basis to collectively inform decision-makers. The decision-makers relied on self-reporting to gain information regarding

staff responses in particular and indeed from themselves and I relied on self-reporting in my data collection. Frazier and Kaler (2006) consider the validity of self-reporting post-trauma, especially in terms of stress related growth. The information-sharing is also a key component of psychological intervention as detailed in Zehnder et al. (2010) whereby the reconstruction of the accident and creation of the trauma narrative is integral. Decision-makers need the designated time for such processes and where outside support was requested, such an opportunity would be available.

The similar factors affecting decision-making across all schools enables C.I.R.T. to further understand cases where support is requested or not. The guidance pack could address

these common issues and provide possible benefits from different decision-making options

and outcomes.

Finally, but perhaps also first and foremost, is the place of the E.P. in the field of C.I.s. I was aware that the nature of my C.I.R.T. role would involve dealing with death and that I would be expected to be competent in this. My personal experience of bereavement and professional role enables me to have a deeper insight into the responses from participants. Gatliffe (1988) relates those who have difficulty in dealing with death as also having other problems. The E.P. dealing with the incident is expected to also be aware of their own capacity and the complexity of some individual clients who may also have pre-existing issues or challenges. The skill and sensitivity demanded rather than knowledge in bereavement support is stated by Hindmarch (1993). I believe I have a professional sensitive nature and my skill base has increased with experience. The knowledge element, although less significant according to Hindmarch, has been enhanced through my research. The current preferred use of P.D. by C.I.R.T. as an E.P. has been challenged through this research. I have been inspired to consider other interventions such as P.F.A. in the future, whilst being mindful that P.F.A. does not

necessarily fulfil a role therapeutically or preventatively, as highlighted by Litz et al. (2002). I have also been interested in the spiritual-mindedness suggested by Jerome (2011) as a possibility to maintain a balance in the support offered to children and young people, or indeed staff post-C.I.

Posada (2006) advocates the multi-agency involvement of E.P.s in crisis management planning and indeed this is an area which I feel could be developed as an outcome of my research. C.I.R.T. can build upon existing relationships with other agencies, offering support, which may be on a longer or shorter term basis as appropriate.

C.I.R.T. debriefs team members after being involved in a C.I., and I ensure that myself and colleagues have been adequately supported, as suggested by Openshaw (2011). The research itself has also been demanding as the subject matter is sensitive and at times can be professionally challenging, especially for myself as an insider researcher, knowing the schools and often the victims. I have been more aware of vulnerability as I have been a lone researcher, whereas in the normal professional practice of C.I.R.T., we work in liaison with at least one other colleague. My experience whilst undertaking this research has reinforced my position, agreeing with O'Hara et al. (1994), that E.P. involvement offers a unique and valuable service to schools post-C.I. The positive outcomes and evaluations of C.I.R.T.'s impact, from schools in the research, is testament to the effectiveness of educational psychology interventions and support. I am aware that I and the C.I.R.T. are placing our feelings at risk at times as described by Kastenbaum (2000) and so I have always been aiming to maintain the balance between the professional distance and the sensitive intuition in the support from C.I.R.T. I am aware of the risks of secondary trauma as identified by Hayes and Frederickson (2008) and ensure that I have professional and personal support networks. The

significantly effective pastoral support and resilience shown by schools in the C.I. experiences also pervade C.I.R.T.

5.3 Key Findings

How Schools Coped Psychologically with a C.I.

The thematic sort revealed a high degree of similarity of strategies deployed following a C.I. across **Yes** and **No Schools**. A key factor in common is the recognition that support strategies need to be targeted for both staff and the young people. Schools identify such support as being more than an obligation and cite it as proving useful. This has implications for the need for differentiation within support approaches, whether internal or interventions provided by outside support. Indeed, in common across **Yes** and **No Schools** is evidence of the impact of external support. Relationships with the family adds a further social dimension for **Yes** and **No School** support strategies and is highlighted as a feature which schools again found useful. The psychological coping strategy of remembering featured across **Yes** and **No Schools** and I would agree that although recovery and normalisation is important post-C.I., there should be appropriate opportunities to remember. Stress reduction and ensuring whole-school stability are interrelated in the journey towards normalisation across **Yes** and **No Schools**. Stress reduction as a psychological coping mechanism leads towards stabilisation and should be a key aim of any intervention post-C.I. My research evidence shows that in turn the whole-school stability in fact strengthens staff. Linked also is the reported enablement of pastoral response which is identified as a strengthening factor across **Yes** and **No Schools**. It seems therefore of benefit across **Yes** and **No Schools** that following a C.I. there is opportunity for a pastoral response which reduces stress, contributes to bringing about whole-school stability which subsequently strengthens staff and indeed my data also indicates that schools thereby

feel prepared for potential future C.I.s. Many factors could impact upon the follow-through of this support process and it was apparent across **Yes** and **No Schools** that systemic limitations and pressures exist and coping with a C.I. can add to such demands.

The thematic sort also revealed psychological coping strategies and outcomes which were for **Yes Schools only** or for **No Schools only**. A key feature which **Yes Schools only** found beneficial was particularly the quality of support received from the C.I.R.T. Although **No Schools only** did not request and therefore did not receive C.I.R.T. support, which could in some circumstances be disadvantageous, the aim of the C.I.R.T. support is to enable schools to have the capacity to psychologically cope with C.I.s without the outside support of C.I.R.T. The expression of emotions identified for **No Schools only** as a strengthening outcome perhaps exemplifies this.

In conclusion, the exploration of how schools cope psychologically with a C.I. resulted in a range of key considerations and strategies. Strategies need to be targeted for both **staff and young people**. However relationships with the **family** are important. The **pastoral** response is crucial for psychological coping and the features of **remembering** and expressions of **emotion** are present. Schools hope to **reduce stress** and **normalise** through a sense of whole-school **stability**. Schools acknowledge **systemic limitations** and **pressures** and the positive impact of receiving **external support**, such as C.I.R.T. Overall outcomes include a **strengthened** staff and schools feeling **prepared** for potential future C.I.s.

The Factors Influencing the Request for Support Post-C.I.

It seems that decision-makers across **Yes** and **No Schools** consider their coping capacity to support, alongside the pastoral element, as being key in their toolkit. Despite the trauma surrounding a C.I. it is apparent that decision-makers have the insight to professionally

consider these important factors in psychologically coping post-C.I. and utilise them as indicators as to whether to request outside support or not. Circumstantial factors/pressures are evident across **Yes** and **No Schools**, and inevitably I feel will have an impact on the schools' coping capacity. C.I.R.T. support offered therefore needs to be sensitive to such demands in their approach. Type of school featured as a factor influencing decision-making across **Yes** and **No Schools**, although this pertained to only three schools in the sample, namely a school with a focussed provision and two schools offering specialist provision. Therefore, although a school may have provision for C&YP. (Children and Young People) with SEN (Special Educational Needs), it does not necessarily mean that they have a lesser or greater need of outside support post-C.I., according to their decision-makers. The decision-making personnel across **Yes** and **No Schools** featured Head Teachers/Principals and Senior Management Teams. In my professional experience such decision-makers may be accountable to a range of associated personnel/bodies such as school governors, Ofsted or the Police. Such personnel/bodies may indeed form part of the outside support that schools request. Staff or pupil responses to the C.I. across **Yes** and **No Schools** can be impacted upon by external considerations, some of which were outside the control of the school. I feel that this could possibly have a positive or indeed a negative effect upon decision-making.

The thematic sort also revealed factors regarding the decision-making process which were for **Yes Schools only** or for **No Schools only**. Initially **Yes Schools only** identified the overarching influences of initial impact and situational need as key in influencing the decision to request outside support. As an insider researcher who provided the C.I.R.T. support interventions for these schools, I would agree that the impact of the C.I., which in turn precipitates reactions and creates a psychological need, is key in determining the school's decision to request support. In my opinion the capacity of such schools to cope

psychologically warranted outside support. However, the C.I.R.T. approach at the point of intervention needs to be mindful of the school's own internal capacity to cope rather than it solely relying on professional outside support. A key factor arising in **No Schools only** regarding the decision not to request outside support was that of intuition. Perhaps this is an under-recognised personal/professional skill that needs to be taken into account more so when coping with C.I.s. It would be reasonable to assume that intuition may have played a part across both **Yes Schools** and **No Schools**; however, this was not voiced during the data collection. It is interesting that the theme of church school arose in **Yes Schools only**; in terms of ability to cope, however, I would assume that church schools already have a pastoral supportive network throughout their church community links and therefore would be less likely to request outside support. To be noted between **Yes Schools only** and **No Schools only** concerning the factor of staff or pupil responses, is that the former cite psychological impact whereas the latter include the ability to cope which is also reflected in historical factors, where specific needs and present capacity are identified respectively. It seems that the themes from **No Schools only** may indicate their ability to begin to move towards psychological coping. Although the local neighbourhood does not arise as a specific feature for **No Schools only**, **Yes Schools only** cite relationships with family and information sharing as important components when decision-making. Interestingly, liaison with the police, for example, was cited as a factor that hindered normalisation for **Yes Schools only**. When participants were asked about the actual type of C.I. influencing decision-making as to whether to request outside support or not, **No Schools only** acknowledged preparedness, for example, whereas **Yes Schools only** cited the situation and impact. Generally, preparedness could relate to previous experience of a C.I. or the specific type, such as a terminal illness.

In conclusion, with regard to investigating decision-making processes in schools post-C.I. as to whether to request outside support, the evidence from the data suggests that decision-makers undertake a complex task with a range of contributory factors in situations of trauma. The responsibility primarily lies with senior personnel as to whether to request outside support. The psychological dimension of the **initial impact** of a C.I. is recognised. **Circumstantial factors** and **situational need**, including specific needs are the baseline around which the **ability to cope** and the **present coping capacity** are considered. As with the analysis of support strategies, the **pastoral** element is again instrumental here in relationship to **staff and pupil responses**. The type of school is influential as is the **family** and **information sharing**. **Preparedness** for a C.I. is an indicator identified by decision-makers. Decision-makers function within the context of **external considerations** and **pressures**.

In terms of identifying whether the type of school or the nature of the C.I. influences the request for support, I noted a few interesting observations from the data. The church school requested the C.I.R.T. as well as receiving church support. The three special schools in the sample all requested C.I.R.T. support. The two schools that received support from the Macmillan charity did not request C.I.R.T. The three C.I.s involving suicide all requested C.I.R.T. support.

My research questions linked together psychological coping support post-C.I. in schools and the accompanying decision-making regarding whether to request outside support, which would contribute towards the psychological coping support. The data evidence shows to a certain degree how these elements of support and decision-making are interrelated and have some commonality. Indeed support processes begin post-C.I. and within this, decision-making takes place regarding if outside support is also required to enable the school to cope

psychologically. Interestingly, it is also evident that there are some differences between the approach of **Yes Schools** and **No Schools**.

5.4 Research Justifications and Limitations

It is important to set my research in the context of its justifications and limitations which had implications for reliability, validity and generalisability.

The research was conducted in a single Local Authority (L.A.); the justification for this was that I practise professionally as an educational psychologist in this L.A. who part-sponsored my research. As coordinator of the C.I.R.T., I intend my research to contribute to improved practice. However, I acknowledge that this single L.A. parameter limited the generalisability of my research.

The research sample size I feel adequately provided the two sets of data **(Yes Schools/No Schools)**, however I would have preferred an equal quantity of **Yes** and **No Schools**, although there was only a differential of one. The **No School** pilot interview contributed to validity, but unfortunately the **Yes School** pilot was unavailable for interview in the event. The validity of participants was deemed to be high due to all of them being directly involved in the decision-making, regarding the C.I. in their respective schools. However one participant at the time of interview was employed in a school different to the school in which the C.I. occurred; despite this I felt that it did not impact upon the quality of data collected. The sample size was a limiting factor and an increase in sample size I feel would have had the potential of enhancing my research generalisability.

The variable of time was considered in the research design. It is acknowledged that the C.I.s occurred within a limited period of time but this was adequate to secure what I felt was a representative sample of schools. To reduce the factor of time, perhaps the period between the

occurrence of the C.I. and the semi-structured interview could have been standardised, such as interviewing participants three months after the C.I. had occurred.

My interpretative approach adopted semi-structured interviewing as the method of data collection which enabled face-to-face contact, the opportunity to establish an open dialogue, for clarification and to reduce ambiguity. The retrospective nature of the interviewing was taken into account. The validity of the interview was assessed through the pilot interview, including the participant being invited by myself to comment critically upon the interview experience. Importantly, the structured dimension ensured that key research sub-questions were addressed, whilst allowing for an element of open-endedness and flexibility, such as Opie (2004) described. However, a potential negative by-product of the interview is inadvertently creating a pressurised social interactive situation, which could cause distress, particularly due to the nature of C.I.s and the evoking of memories of their personal and C.I. experiences. When reading Johnson (1989) highlighting extreme reactions to crisis, I became increasingly aware that through the interview process, I may witness such reactions which would require further professional help. However in the event, the most significant outward emotional expression was a few tears by participants. Inevitably, through transcription some of the intonation and gestural interactions of the interview were not able to be translated into the interview transcript.

Applying the interpretive paradigm as described by Cohen et al. (2000), the research aimed to investigate the phenomenon of participants' psychological coping post-C.I. and this research shows my attempt to understand from within each participant, their subjective C.I. experience.

The thematic analytical approach enabled the interpretative organisation of the qualitative data set of transcripts, creating codes, themes and subsequently thematic maps. However, its

reliance on semantic interpretation and theme connectivity and the associated subjectivity can reduce its reliability. A follow-up appointment with each participant to critically share the results of my thematic analysis would have reduced the subjectivity. My analysis also demanded a method beyond that of thematic mapping to enable the comparison between the **Yes Schools'** and the **No Schools'** data and therefore I developed my process of thematic sorting, taking into consideration its validity through the experience of a verifier. Reflecting upon Robson's (2002) exposition on hermeneutic enquiry, I feel that my revision of the interpretation of the data could have been enhanced by the use of a verifier at the stage of data reduction.

Although there were limitations and constraints within my research design and its implementation, the methods of data collection and subsequent analysis were fit for purpose and in accordance with my theoretical perspective. There are possibilities for improvements in its reliability, validity and generalisability, some of which will be explored in my suggestions for further research. Such further enquiry will require a re-evaluation of my thinking, abstraction and generalising, as described by Thomas (2009).

It is important now to further consider my research in the light of the existing available understanding regarding theoretical knowledge and substantive practice.

5.5 Questions, Recommendations for Practice and Suggestions for Further Research

The findings and analysis revealed further questions from the research itself:

- How could the positive C.I.R.T. intervention experienced by **Yes Schools** influence decision-makers? Could **Yes School** evaluations of C.I.R.T. response to the C.I. be improved?

- Could it be informative to learn from **No Schools** about coping strategies which were employed to enable normalisation? **No Schools** did not request C.I.R.T. support. If such schools requested other sources of external support, how effective was this?

- As preparedness influenced **No Schools'** capacity to cope, could C.I.R.T. offer training to equip all decision-makers to cope?

- How can the similar key factors identified across **Yes and No Schools** be influential in C.I.R.T. response to a C.I.?

- Pastoral strength across **Yes and No Schools** is linked to normalisation and therefore how can the pastoral dimension of a school's equilibrium be maintained?

- How can the wider family support offered across **Yes and No Schools** post-C.I. be addressed more effectively?

- Should there be an expectation that all schools receive some support from C.I.R.T. post-C.I.?

- How can decision-makers be enabled to recognise strengths amongst their staff, which could contribute to the school's capacity to cope?

- How can schools be supported in facing any ethical dilemmas which may accompany a C.I.?

- Could the application of intuition in decision-making be considered for further research?

- The expression and management of emotional response to a C.I. is crucial in the recovery period. How does this affect decision-makers?

- How can temporal considerations relating to C.I.R.T. response be communicated more effectively to schools, such as:

  - what rapid response means in C.I.R.T. terms

  - understanding that decision-makers can request C.I.R.T. support on a needs basis

  - expectations regarding follow-up from C.I.R.T. after intervention?

- Is the debriefing approach sufficiently flexible to meet post-C.I. needs on a one-to-one basis?

- How could participants' suggestions for C.I.R.T. effectiveness be implemented, such as 'what to do if' guidance?

My following recommendations have been developed in response to these questions.

1. **The positive C.I.R.T. intervention experienced by Yes Schools influence decision-makers. Yes School evaluations of C.I.R.T. response to the C.I. could be extended.**

The positive impact of C.I.R.T. could be maximised further amongst decision-makers by a more detailed follow-up post-intervention. At present the practice is to ensure schools know that they can request further C.I.R.T. support on a needs basis; they may receive a follow-up telephone call from C.I.R.T. to check-in on their progress; all schools should receive an evaluation form six weeks after the C.I. to complete and return to C.I.R.T. I suggest that in

addition to central L.A. emergency planning, it is important for schools to have an up-to-date, appropriate, practical C.I. policy upon which C.I.R.T. could give advice.

In terms of training I propose that C.I.R.T. could begin to develop a guidance pack for all schools in preparation for a potential C.I. with accompanying workshops, which would aim to equip schools in preparedness for a C.I. Perhaps a self-audit regarding preparedness for staff members would be useful, including some *'What would you do if…?'* scenarios. In some cases a bespoke guidance pack may be more appropriate, such as delivering training in special provision. Also a resource bank of published materials for both C&YP. and adults regarding topics such as bereavement could be made available to schools to support post-C.I. or to be utilised in the pastoral curriculum.

2. **It could be informative to learn from No Schools about coping strategies which were employed to enable normalisation. No Schools did not request C.I.R.T. support. The effectiveness of other sources of external support which schools requested could be researched.**

My research data gave some information regarding coping strategies in **No Schools**, which from the self-reports of participants seemed to be effective. If such data could be enriched and substantiated, then the C.I.R.T. could consider recommending such strategies to be disseminated as part of sharing good practice. However, one has to be mindful that each school context is unique, as is each C.I.

Although other outside agency support was evident, the focus of this research was C.I.R.T. support; however, an investigation into schools accessing non-C.I.R.T. support and its effectiveness would enhance the understanding of psychological coping in schools post-C.I.

3. **The similar key factors identified across Yes and No Schools could be influential in C.I.R.T. responses to a C.I.**

I agree with the key factors which schools took into account when decision-making and my data did not show any barriers to requesting C.I.R.T. support. Such a consideration of factors by schools helps to facilitate C.I.R.T. conversations initially post-C.I. and I feel that the confidence of participants should be continued to be fostered and respected.

4. **Pastoral strength across Yes and No Schools is linked to normalisation and therefore the pastoral dimension of a school's equilibrium must be maintained.**

Pastoral strength can be maintained through resourcing to sustain its availability. Providing regular updates/training and ensuring that pastoral providers have access to support themselves will enhance support services in schools.

5. **The wider family support offered across Yes and No Schools post-C.I. can be addressed more effectively.**

I acknowledge alongside the schools that family support should be prominent in post-C.I. provision. Where possible, schools should liaise with other community agencies/the local neighbourhood in delivering such support.

6. **C.I.R.T. support could be an expected response for schools in the event of a C.I.**

On the basis of my research, schools are best positioned to decide their support needs and indeed this was reflected as I believe that all schools in my sample made an appropriate decision whether to request C.I.R.T. support or not. The aforementioned proposed guidance pack should include criteria for decision-making.

7. **Schools could be more supported in facing any ethical dilemmas which may accompany a C.I.**

My research revealed ethical dilemmas for some schools which arose post-C.I. and concerned local decision-makers, such as closure of the school, funeral attendance and liaison with the press. Such ethical dilemmas could be briefly addressed within the proposed C.I.R.T. guidance pack, such as providing an example template for press releases and advice for school policy making regarding C.I.s. It is recognised that each C.I. is unique and therefore responses will vary and should be considered on a case by case basis.

8. **The expression and management of emotional response to a C.I. is crucial in the recovery period. This can affect decision-makers.**

The self-reported accounts by participants, post-C.I. suggest that due to their position of responsibility and accompanying resilience and level headedness, emotional response was balanced with appropriate decision-making. However, it could be useful for C.I.R.T. to offer, in addition to scheduled bereavement training, bespoke sessions for decision-makers to support their welfare during the post-C.I. period.

9. **The temporal considerations relating to C.I.R.T. response could be communicated more effectively to schools, such as:**
    - **what rapid response means in C.I.R.T. terms**
    - **expectations regarding follow-up from C.I.R.T. after intervention.**

Within the proposed guidance pack an overview of psychological response to a C.I. such as time-related information should be included. It should be made clear to schools that the purpose of C.I.R.T. is not to offer long-term interventions; however, the C.I.R.T. still functions as a source of help, such as directing schools to other more appropriate services that are designed to support them on a longer term basis. Furthermore, in my capacity as an educational psychologist I continue to have a positive professional relationship with all of the sample schools, whether **Yes** or **No Schools**.

A further recommendation which is at a systemic level concerns investigating the potential of C.I.R.T. being represented on the L.A. emergency planning forum, where other personnel sit including from the emergency services and other L.A. representatives. Indeed I currently liaise with the L.A. Resiliency Team, the L.A. Child Death Coordinator and the L.A. Safeguarding Team.

The importance of E.P. welfare has been previously highlighted; in my experience within the C.I.R.T. this has been an integral aspect of post-C.I. intervention follow-up for the delivery team, ensuring that their needs are met through team debriefing. A record should be kept of such debriefing sessions.

I now wish to make some suggestions for further research. The experience of being an insider researcher for this research has been positive due to my pre-existing relationship with schools through the C.I.R.T. and my access to background information, as well as the advantageous position of being C.I.R.T coordinator and being part of the service delivery team.

This research was limited to a single L.A. A comparative study across other L.A.s, either similar in composition or contrasting, could generate data that may potentially influence both local and national policy-making, resourcing and the sharing of good practice.

It would be interesting to conduct research with a triangulation dimension, such as interviewing staff, parents and pupils in the event of a C.I. I feel that this would provide more diverse insightful data from a range of viewpoints.

An investigation into how schools utilise non-C.I.R.T. support services post-C.I. and how effective these are in supporting schools in coping psychologically could be useful for both

providers and recipients. Perhaps a directory of outside support may emanate from further research.

Due to the critical nature of the incidents researched and their potential long-term impact, which could range from P.T.S.D. to P.T.G., some further longitudinal research investigation could reveal some interesting data.

This thesis has attempted to explore how schools cope psychologically with a Critical Incident, considering support processes, with particular reference to decision-making regarding outside support, especially the local authority Critical Incident Response Team intervention.

Schools continue to be challenged psychologically by unexpected involvement with trauma through the occurrence of Critical Incidents; school communities over and again demonstrate their capacity to cope both internally and with outside support such as that delivered by the Critical Incident Response Team. In conclusion:

<div align="center">

"Primum non nocere".

(First, do no harm)

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Appendix 1