

**Critical Incident Support to Schools:
Educational Psychologists and the
role of written guidelines**

**Doctorate in Educational
Psychology**

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2015

ABSTRACT

The training and skills of educational psychologists (EPs) mean that they are uniquely qualified to deliver critical incident (CI) support to educational settings. One aspect of this support may involve producing written guidelines for schools; however such guidelines have received almost no attention in the research literature. An exploratory study was undertaken, in two phases, to explore current practice in the production and use of CI guidelines. Phase 1 involved the collection and content analysis of guidelines from a random sample of educational psychology services (EPSs) in England and Wales. Phase 2 involved semi-structured interviews with professionals, predominantly EPs; transcripts were analysed using thematic analysis. In phase 1, 97% of the sample stated that their EPS offered CI support to schools and 83% stated that they had produced written guidelines to support schools. Analysis found that the most frequently occurring content covered: how to initiate support (95%); recommended actions for CI preparation (68%) and CI response (95%); website addresses (68%) and booklists (50%); psycho-education about grief and trauma (64%) and examples of scripts and templates (55%). Recommendations and information were largely consistent with evidence in the academic literature. Interviewees described the benefits of written guidelines but maintained personal contact was an essential part of CI intervention. The role of guidelines, their limitations and implications for EP practice are discussed.

Acknowledgements

I would like to thank the participants in this study for their time and willingness to share their knowledge, experiences and reflections.

I would like to express appreciation to Dr Nicola Canale and Dr Simon Griffey at Cardiff University for their wise words and guidance.

I would like to thank my family, friends and colleagues, in particular Alison Rideal and Peter Nelson, for their advice, support and practical assistance.

And finally, I would like to acknowledge my gratitude to my husband, Robert, for his limitless patience, support and encouragement throughout this process.

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NOMENCLATURE LIST

APA	American Psychiatric Association
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Service
CI	Critical Incident
CIRT	Critical Incident Response Team
DECP	Division of Educational and Child Psychology
DES	Department for Education and Skills
DfEE	Department for Education and Employment
DSM	Diagnostic and Statistical Manual of Mental Disorders
EMDR	Eye Movement Desensitisation and Reprocessing
EP	Educational Psychologist
EPS	Educational Psychology Service
HCPC	Health and Care Professions Council
LA	Local Authority
NICE	National Institute for Clinical Excellence
PEP	Principal Educational Psychologist
PFA	Psychological First Aid
PTSD	Post-traumatic Stress Disorder
RQ	Research Question
SEN	Special Educational Needs
SENCo	Special Educational Needs Coordinator
SEP	Senior Educational Psychologist
UK	United Kingdom

Chapter 1: Introduction

1.1 Introduction

Chapter 1 will give an introduction to the thesis beginning with an amplification of the title. It will then consider both the theoretical significance of the research and its relevance to educational psychology and the role of the educational psychologist. The chapter will conclude with an overview of the remainder of the thesis.

1.2 Amplification of the title

The thesis explores the role of the educational psychologist (EP) in critical incident (CI) support with a specific focus on written guidelines produced by EPs for use by schools and other educational settings. The study is interested in exploring EP practice in this area, including the nature and content of such guidelines and their use as working documents in CI support.

1.3 Theoretical significance of the research

Critical incidents are conceptualised in this thesis as sudden, unexpected events such as tragedies or disasters, which precipitate a crisis (Flannery and Everly, 2004). The concept of crisis is explored in more detail in the next chapter. It is identified that a crisis may have organisational, as well as individual, consequences (Raphael, 1986). This thesis focuses on the impact of CIs on school communities.

CIs can result in either radically positive or negative outcomes (Slaiku, 1990). Understanding of the impact of CIs on children and schools has continued to develop since post-traumatic stress disorder (PTSD) was first recognised in children thirty years ago (Tricky and Black, 2000). Chapter 2 examines the impact of CIs on children with particular reference to the impact on education and educational settings.

CI intervention seeks to prevent the development of PTSD (Sandoval, Scott and Padilla, 2009) and to support a timely return to fully functioning normality in both individuals and organisations (Saari, Karanci and Yule, 2011). Chapter 2 examines advice offered to school staff regarding CI preparation and response. It considers models of crisis intervention and the evidence base for specific recommendations. It argues that evidence-informed guidance

should be distilled from empirically validated principles (Hobfoll et al., 2007) and that accepting this premise allows guidance to be evaluated and verified.

A key feature of a crisis is a subjective sense of helplessness and a perceived need for external support (Raphael, 1986). Chapter 2 examines external support to schools in relation to CIs, with particular reference to the role of the EP. Reyes and Elhai (2004) claim written guidance increases confidence and the ‘ability to function effectively under difficult circumstances’ (p.404). This suggests a valuable role for EP support in the form of CI guidelines for schools: however it is difficult to substantiate this view due to a lack of research. This study explores the role of CI guidelines in EP support to schools.

1.4 Relevance to educational psychology and the role of the EP

The significance of the role of EPs in CI support is highlighted in the national review published by the Department for Education and Skills (Farrell, Woods, Lewis, Rooney, Squires and O’Connor, 2006). This review also identifies pressure caused by competing demands on the EP role, with demands intensifying during the current ‘period of rapid change and uncertainty’ (Gersch, 2009, p.9). In such a climate, CI support, as with other areas of EP activity, should aim both for maximum efficacy *and* efficiency.

With relatively low demands on EP time, Cameron, Gersch, M’Gadzah and Moyses (1995) identify that ‘producing guidelines’, may offer this combination. However, whilst Posada (2006) notes that, ‘recently a number of (EP) services have published their guidelines for critical incident work in schools’ (p.203), the prevalence, nature and use of such guidelines has not previously been systematically studied. This current research therefore, seeks to address this by exploring practice in this area.

To address the lack of empirical evidence, the current study focuses on CI guidelines produced by EPs for use by schools. It seeks to understand current practice: whether such documents are commonly produced, what they contain and how they are used. By exploring current EP practice in this field the intention is to extrapolate good practice and draw conclusions about what constitutes ‘accurate and helpful information’ which can then be used to inform future EP support for CIs.

1.5 Outline of the thesis

The thesis is organised into six chapters: this section gives a brief overview of the remaining five chapters.

Chapter 2 focuses on literature that is relevant to CIs, schools and educational psychology. It examines theoretical paradigms, beginning with the concept of crisis and crisis taxonomies. It then outlines the historical context, exploring CIs that impacted on children and schools, from the earliest studies in the 1950s to the present day. This section also charts the development of the role of the EP in CI response in the UK and elsewhere. The chapter then considers the impact of CIs on children, beginning by examining theoretical models and critiquing the evidence base. It then explores post-traumatic stress and post-traumatic stress disorder (PTSD), including diagnosis, observed responses and risk and resilience factors. The chapter considers interventions to prevent PTSD and promote recovery, exploring the evidence base and highlighting empirically validated principles (Hobfoll et al., 2007). Specific recommendations are examined in the light of the evidence and these principles. The chapter then examines current EP practice in CI support, looking for information about the use of guidelines. The chapter concludes with amplification of the research questions formulated as a result of the literature review.

Chapter 3 begins with a description of the research questions that seek to address the identified gap in the literature concerning the production and use of CI guidelines. The chapter describes the research paradigm and justifies the choice of critical realism and a qualitative approach. The research design and implementation, including the content analysis of documents and the thematic analysis of semi structured interviews, is discussed. Sampling procedures, triangulation and ethical issues are considered.

Chapter 4 contains the findings and discussion from the first phase of the research. The results of the content analysis of the written data are presented and discussed, with links made to existing research and psychological theory. The chapter concludes by considering the implications for the second phase of the study.

Chapter 5 contains the findings and discussion from the second phase of the research. The findings from thematic analysis of the interviews are presented and explored. Connections to findings from phase 1 and to theoretical constructs and evidence are highlighted.

Chapter 6 draws conclusions in the light of the findings of this study in conjunction with previous research and identifies directions for future investigation. Strengths and limitations of the study are discussed within this chapter. The chapter concludes with consideration of the implications for educational psychology and the role of the EP.

Chapter 2: Literature Review

2.1 Introduction

This chapter critically reviews literature relevant to the current research into CIs, schools and EP practice. It begins by exploring crisis theory and highlights the homogeneity and heterogeneity of CIs. The review then examines the background, from the earliest recorded CIs involving children and schools, and chronicles developments in the role of the EP.

The chapter goes on to explore the impact of CIs with particular reference to children and schools. Subsequently, CI intervention, including models for crisis intervention, is examined. Specific attention is given to five empirically validated principles (Hobfoll et al., 2007) that are used to evaluate recommendations.

Finally, literature pertaining to current EP practice in CI support is reviewed including the use of written guidelines. The chapter concludes with amplification of the research questions formulated as a result of this review.

2.1.1 Key sources

To explore the impact of CIs on school communities a comprehensive literature search was undertaken using the databases PsychINFO and PsychArticles between October and December 2012.

‘Critical incident’ has various meanings in psychological and educational literature (as well as elsewhere) rendering it inefficient as a keyword. Initially therefore, a range of related terms were used to identify relevant phenomena. The search used keywords ‘disaster’ or ‘accident’ or ‘crisis’ or ‘suicide’ or ‘violence’ AND ‘school’ or ‘student’ (limited to elementary, primary school, middle, junior high or secondary). The search was then expanded to include citing and cited literature of identified papers.

In November 2012 the search was expanded using keywords ‘PTSD’ or ‘post traumatic stress disorder’ or ‘post traumatic stress’ AND ‘children’ or ‘adolescents’. Subsequently a further search was made using keywords ‘crisis intervention’ or ‘crisis response’ AND ‘schools’ (using the limits as previously described).

In December 2012 EP specific literature was searched using electronic journals containing ‘educational psych’ or ‘school psych’ in the title. In addition, a variety of relevant specialist books written by academics and practitioners were manually searched.

Finally, the entire search process was repeated in January 2014, to identify additional literature relevant to the research that had been published in the previous 12 months.

2.1.2 Inclusion and Exclusion Criteria

The focus of the search was literature about CIs impacting on children and schools. To be included literature had to meet **both** of the following criteria:

- involve acute accidental, situational crises with an identifiable stressor event
and
- involve schools and/or children

These criteria meant that much literature identified during the search was excluded, for example:

- developmental or psychiatric crises
- crises resulting from chronic situations such as child abuse or war
- studies focusing on adults other than education professionals (with occasional exceptions for seminal work e.g. Lindemann, 1944)

The review was systematic, all search results meeting the above inclusion criteria were considered and the principle of ‘best evidence synthesis’ was employed. The intention was, to quote MacNeil and Topping (2007), that ‘quality criteria for inclusion were applied, but not so narrowly that the review focused excessively on a very few studies showing the most rigorous research methods’ (p.65).

2.2 CIs and the concept of crisis

As identified in the literature search, the terms ‘critical incident’ and ‘crisis’ have diverse meanings. This section clarifies the use of these terms in the context of this thesis.

2.2.1 Definition of a CI

School based literature largely avoids providing a definition of ‘critical incident’ preferring instead descriptive examples, often of well-known disasters, to cue the reader into the subject matter (e.g. Yule and Gold, 2006; Brock, Sandoval and Lewis, 1996).

Definitions that were found (e.g. Carroll, Frew, Fatcher, Ladkin, Morey, Price and Smith, 1997; McCaffrey, 2004) generally contain:

- information about the nature of the precipitating event (e.g. ‘sudden’, ‘unexpected’)
- information about the resulting state of crisis (e.g. ‘shock’, ‘distress’)
- examples of types of event (e.g. ‘the death of a colleague or child’)

The following definition is typical of those identified and was chosen to inform this study:

‘a sudden, unexpected event that is distressing to pupils and/or staff, it may involve violence against members of the school, a serious accident or the sudden death of a child or teacher’ (Houghton, 1995, p. 59).

Flannery and Everly (2004) state that *critical incident* is the term for an event that causes or results in a crisis. Therefore, with the concept of crisis integral to an understanding of CIs, the next section will consider the nature of crises.

2.2.2 The concept of crisis

The term *crisis* can be used to describe financial, economic, political and environmental situations (Pitcher and Poland, 1992). In the context of this study, however, the term refers to personal emotional trauma or *psychological* crisis.

Understanding of psychological responses to acute trauma can be traced back to psychiatrist Erich Lindemann’s pioneering work with survivors and grief-stricken relatives following Boston’s 1944 Coconut Grove nightclub fire (Lindemann, 1944). Building on Lindemann’s work, later researchers (e.g. Caplan, 1964; Fink, 1967; Rapoport, 1970; Ballou and Rebich, 1977; Raphael, 1986) developed ‘crisis theory’. Crisis theory provides a number of principles that underpin the concept of a crisis and these will now be examined.

Roberts (2000) points out that a crisis is an acute, rather than chronic state which is caused by an identifiable stressor. Rapoport (1970) states that, to result in a crisis the stressor event must be perceived as physically or psychologically threatening. La Greca, Silverman, Lai and Jacard (2010) go further, describing perceived life threat as a critical component in a crisis. However it is important to note that, as Young, Poland and Griffin (1996) highlight, it is the subjective interpretation, rather than the reality of the event, that defines a crisis.

Caplan (1964) conceptualises crises as the overwhelming of a homeostatic state which he calls ‘psychological disequilibrium’. During a crisis, individuals experience affective,

behavioural and cognitive distortions, triggered by traumatic events (James and Gilliland, 2013). Young et al. (1996) describe a temporary loss of rational thought processes. In this state, individuals are unable to deal effectively with the situation (Caplan, 1964) and consequently, as Raphael (1986) describes, they experience a subjective sense of helplessness and turn to others for support.

Raphael (1986) points out that a crisis can have organisational consequences, causing severe disruption, at least temporarily, to the functioning of entire organisations or communities. In a school context, as Johnson (2000) states, a crisis potentially ‘undermines the safety and stability of the entire school’ (p.18). Furthermore, as Brock et al. (1996) highlight, a crisis brings with it great potential for change. On one hand, inability to problem solve effectively may leave a legacy of anxiety, depression, lowered self-esteem and a perception of helplessness (Lewis, Gottesman and Gutstein, 1979) with maladaptive behaviours persisting after a crisis has passed (Brock et al., 1996). On the other hand however, effective crisis resolution can result in adaptive coping strategies and psychological growth (Dattilio and Freeman, 2007) and strengthen resilience against future adversity (Benight and Harper, 2002). Thus, as Slaiku (1990) highlights, a crisis can result in either radically positive or negative outcomes.

In summary, a CI involves a discrete identifiable stressor that causes a crisis within individuals and/or an organisation. The crisis involves a perception of threat that results in disruption to normal functioning, including interference with the capacity for rational thought. This in turn causes a subjective sense of helplessness and a need for additional support. Resolution of the crisis situation has implications for the long-term well-being of individuals and/or organisations. Having explored aspects of homogeneity in psychological crises, the next section examines heterogeneous factors, which can be used in the classification of crises.

2.2.3 Crisis taxonomies

Crisis classification paradigms predominantly focus on the nature of the precipitating event or situation. A common distinction, initially highlighted by Caplan (1964), is between *developmental* crises, arising from anticipated life transitions, such as changing school and *accidental* crises, precipitated by a sudden unanticipated traumatic stress such as bereavement or assault. Swartz (1971) differentiates between crises caused by psychiatric emergencies and

crises, developmental or accidental, impacting on otherwise psychologically healthy individuals. This thesis focuses on acute, accidental crises precipitated by an identifiable stressor event.

Rogers and Nehnevajsa (1984, cited in Brock et al., 1996) outline five categories for accidental crises: natural disasters, technological crises, discrete accidents, socio-political disruptions, and epidemics and diseases (see table 2.1). A more recent taxonomy of disasters outlines three categories based on cause: natural, technological and intentionally generated (North and Suris, 2012) (see table 2.2).

Table 2.1 Rogers and Nehnevajsa’s taxonomy of crises (1984, from Brock et al., 1996)

Type of crises	Explanation	Examples
Natural disaster	Natural Hazards caused by landmass, surface activity or climate induced	Earthquake, tsunami, fire, famine
Technological crises	Caused by failure of technological systems	Nuclear power plant accident, building collapse, toxic fumes
Discrete accidents	Either transportation or industrial accidents	Road, air, rail, shipping or mining accidents; explosions
Socio-political disruptions	Involve purposeful intent to injure	War, assassination, crime, terrorism, hostage taking
Epidemics and disease	May be related humans, animals or pests	Epidemics/disease, food poisoning

Table 2.2 North and Suris’s taxonomy of disasters (2012)

Type of disaster	Explanation	Examples
Natural disaster	Natural causes; sometimes termed ‘acts of God’	Earthquake, flood, hurricane, wildfire
Technological disaster	Caused by human error	Structural collapse, gas leak, transport accident
Intentionally generated	Intentionally caused by humans	Terrorism, hostage taking, crime

In this thesis, North and Suris’s nomenclature was selected, in preference to Rogers and Nehnevajsa’s categorization, because the latter includes war, which is considered a chronic rather than acute crisis and therefore is excluded from this study. The next section charts the development of literature focusing on CIs and schools/school children. It is supplemented, in Appendix 1, by a chronology of CIs categorised according to North and Suris’s (2012) taxonomy.

2.3 Historical Context

This section presents an historical overview of CI¹ literature relating to schools and/or schoolchildren, with particular reference to the role of the EP². To document developments in this body of literature studies are presented according to publication date, supplemented (in appendix 1) by a table of CIs in the chronological order in which they occurred.

2.3.1 1950 - 1969

CIs meeting the search criteria begin to appear in the literature from the 1950s. The earliest studies examine the psychological impact of the 1953 Vicksburg Tornado in Mississippi (Bloch, Silber and Perry, 1956; Silber, Perry and Bloch, 1958) focusing principally on the child within the context of the family. Studies in these decades, for example, following a major fire in a Chicago school (Segraves, 1959) have a predominantly medical, rather than psychological perspective. Despite emerging developments in crisis theory (Lindemann, 1944; Caplan, 1964) the earliest identified reference to psychological support for children occurs following a violent cyclone in Oregon (Crawshaw, 1963).

2.3.2 1970 - 1979

During the 1970s, the body of relevant literature increases both in volume and diversity. Cyclone Tracy in Australia (Milne, 1977) and earthquakes in Yugoslavia (Moric-Petrovic, Jojic-Milenkovic and Marinkov, 1972) and Southern California (Blaufarb and Levine, 1972) are examples of natural disasters appearing in the academic literature of this decade. Technological CIs include mining disasters in Aberfan in Wales (Lacey, 1972) and Buffalo Creek in West Virginia (Newman, 1976). Intentionally generated CIs impacting on school children are explored in Dallas's (1978) study following a murder, witnessed by schoolchildren in Chicago, and Mottola's (1971) study in a Florida school following violent clashes prompted by racial desegregation. In Northern Ireland, Lyons (1974) explores the impact of terrorist bombings and in California, psychiatrist Lenore Terr published the first of her influential studies following the 1976 Chowchilla school bus kidnapping (Terr, 1979).

¹ In the interests of consistency, the term CI is used throughout for all events or situations that are congruent with the definition given previously.

² For the same reason as footnote 1, the title EP is given although some literature, for example that originating in Israel and the US, may use the term school psychologists.

In the 1970s, support for schoolchildren following CIs, for example, the school bus accident in New York State described by Tuckman (1973), remains predominantly the remit of hospital-based mental health professionals. As Carroll, Bretzing and Harris (1981) observe, the EP role at this time is largely confined to the individual assessment of children with special educational needs (SEN).

2.3.3 1980 – 1989

The 1980s sees an increase in studies focusing on large scale natural disasters, such as earthquakes (Galante and Foa, 1986) and bushfires (McFarlane, Policansky and Irwin, 1987). Technological CIs in this decade range in scale from individual school bus accidents (Klingman, 1987) to the Challenger space shuttle explosion (Blume, Whitley, Stevenson, Van Buskirk, Morgan and Myrick, 1986), which was watched, live by thousands of American schoolchildren.

References to EP involvement in CIs, initially as part of school-based multiagency teams begin to appear in American academic literature in this decade. Examples describe involvement following student suicide (Weinberg, 1989) and school shootings (Collison, Bowden, Patterson, Snyder, Sandall and Wellman, 1987). However, support is still predominantly delivered by mental health professionals; for example, psychiatrist Gaston Blom's work following a school walkway accident in Michigan (Blom, 1986). An exception to this is in Israel where EPs had been developing skills in CI response since the 1973 Yom Kippur War. By the end of the 1980s, CI support was 'an important and continuously growing area of specialisation' for Israeli EPs (Raviv, 1989, p.150). Saigh's (1989) review of EP practice in Australia, China, Israel, Lebanon, Canada and West Germany corroborated this, finding that only in Israel was CI intervention identified as a key role for EPs.

2.3.4 1990 – 1999

In the early 1990s literature was published focusing on CIs from the previous decade, for example, the 1985 Mexico City earthquake (Berman and Roel, 1993), Hurricane Hugo (Lonigan, Shannon, Finch, Daugherty and Taylor, 1991), the 1987 Herald of Free Enterprise ferry disaster and the 1988 sinking of the cruise ship Jupiter (Yule, Udwin and Murdoch, 1990; Tsui, Dagwell and Yule, 1993). There was also a focus on intentionally generated CIs, including a sniper attack on a school (Nader, Pynoos, Fairbanks and Friedrich, 1990) and the Oklahoma bombing (Pfefferbaum et al., 1999).

By this time the impact of CIs on children was becoming well understood, however knowledge of effective support, particularly in an educational context, was less advanced. As Yule and Gold (1993) highlight:

‘in the 22 years between the tragedy of Aberfan and the sinking of the *Jupiter*, it appeared that very little had been learnt about the ways of helping schools come to terms with the aftermath of such disasters’ (p.vii).

Yule and Gold sought to remedy this with the publication of *Wise before the Event: Coping with crises in schools* (Yule and Gold, 1993) which was made freely available to UK schools. Similar guidance was published in the US (e.g. Brock et al., 1996). In Norway the first edition of Dyregrov’s (1991) influential *Grief in Children* was published.

During this decade, Israeli EPs remained actively engaged in CI support. Stein (1997) describes EP deployment from Israel to Argentina following the bombing of a Jewish community centre in Buenos Aires. In addition, the EP role in CI support expanded rapidly in the US (Young, Poland and Griffin, 1996; Sandoval and Brock, 1996). In the UK, EPs began to publish accounts of their involvement in CIs (O’Hara, Taylor and Simpson, 1994; Mallon and Best, 1995; Cameron, Gersch, M’Gadzah and Moyse, 1995). By the middle of the decade, Houghton (1996) found that 65% of educational psychology services (EPSs) in the UK offered CI support.

2.3.5 2000 - the present

Major disasters of the 21st century, for example, the 2001 terrorist attacks on the New York World Trade Centre (Langua, Long, Smith and Meltzoff, 2005) and the 2004 Boxing Day tsunami in Southeast Asia (Nastasi, Jayasena, Summerville and Borja, 2011), have been extensively studied. Additionally, interest in school shootings increased in the wake of high profile cases such as those at Columbine High School (Addington, 2003), Virginia Tech (Fallihi and Lesik, 2009), Dawson College (Seguin et al., 2012) and Jokela High School (Suomalainen, Haravuori, Berg, Kiviruusu and Marttunen, 2011). Technological CIs include fires, such as the Gothenburg discotheque fire in Sweden (Broberg, Dyregrov and Lilled, 2005) and the Volendam cafe fire in the Netherlands (Reijneveld, Crone, Verhulst and Verloove-Vanhorick, 2003). Stubenbort, Donnelly and Cohen’s (2001) study focuses on children bereaved by the 1994 Flight 427 air crash.

Additionally, retrospective literature has been published examining historical CIs, including the 1966 Aberfan mining disaster (Morgan, Scourfield, Williams, Jasper and Lewis, 2003)

and the 1937 natural gas explosion in New London, Texas (Wall, 2008). These papers highlight improvements in attitude and approach to CI support as well as illustrating the longevity of impact.

By the 21st century, as Posada (2006) observes, EP involvement in CI support to schools is well established in the UK and US. In 2000 the DfEE document *Educational Psychology Services (England): Current role, Good Practice and Future Directions* (Kelly and Gray, 2000) found that 80% of UK EPSs provided CI support. This result was replicated internationally, by Rees and Seaton (2011), who found that almost 80% of EPs in 17 countries were involved in CI support.

2.3.6 Relevance of historical overview to the thesis

This section highlights the development in research into CIs impacting on children and schools, from its origins in the 1950s to the present day. Early studies predominantly focus on the effect of CIs (for example, Lacey, 1972) and by the 1990s the impact on children was well understood. Evidence comes from studies ranging from major national disasters, such as the L'Aquila earthquake (Dell'Osso et al., 2011), to in-depth studies with small numbers of children, such as Terr's work with the victims of the Chowchilla school bus kidnapping (Terr, 1979; Terr, 1983; Terr, 1991). Additionally, the literature highlights the impact on individuals not directly involved, such as the family and friends of victims (Stubenbort et al., 2001) or those exposed vicariously, for example through media coverage (Blume et al., 1986). This work is of particular relevance to this thesis, as CI intervention in schools often involves support for individuals who have not experienced the event directly. The next section examines the impact on children and education in more detail.

A minority of early studies focus on CI intervention. Early studies include Mottola (1971), who reflects on the role of the (community) psychologist in school support and Dallas (1978) who gives details of group intervention and advice to parents. CI intervention begins to receive greater attention in the literature from the 1990s, with guidance published specifically for schools (Yule and Gold, 1993; Brock et al., 1996). There is some inconsistency between advice given in the early literature and later recommendations and this will be highlighted when CI intervention is explored later in this chapter.

Early studies have a largely medical focus and any psychological support is predominantly provided by hospital-based mental health professionals. EPs are first associated with CIs in

the literature in the 1980s. In Israel, this role had its origins in the ongoing threat to civilians posed by Arab-Israeli conflict, and was already well-established by the 1980s (Saigh, 1989). In the US, the role emerged as schools began to recognise the advantages of utilising school staff, including school based psychologists, rather than relying on external consultants (Weinberg, 1989). In the UK, the role of local authority (LA) based EPs in CI support expanded considerably during the 1990s (Carroll et al., 1997). By the 21st century, studies suggest that EP involvement in CI support to schools is the norm, both in UK (Kelly and Gray, 2000) and internationally (Rees and Seaton, 2011). The role of the EP in CI support is explored in the final section in this chapter.

2.4 The impact of CIs

This section examines the impact of CIs. It begins with an overview of theoretical models and then examines post-traumatic stress (PTS) and post-traumatic stress disorder (PTSD), comparing the presentation in children and adults. The section then goes on to examine studies into the impact of CIs on children, including risk and protective factors for PTSD, which may support identification of vulnerable individuals.

2.4.1 Models in CI impact

Weems and Overstreet (2009) developed an ecological model for understanding impact in the aftermath of Hurricane Katrina. This model was based on Bronfenbrenner's (1979) ecologies: microsystem, mesosystem, exosystem and macrosystem. In an ecological approach, the child is seen in context, as the context is impacted by the CI. The number of 'peripheral victims' identified using this model may be considerable: as Saari et al., (2011) describe, 'the entire community immediately surrounding the victim can be counted as psychological victims of the disaster' (p.141). For example, at the microsystem level, McFarlane et al. (1987) found that the impact of a bushfire on mothers was a better predictor of PTSD in children than the child's actual experience. At the macrosystem level, Saylor, Cowart, Lipovsky, Jackson, and Finch's (2003) found symptoms of PTSD in children exposed to media coverage of the 2001 attacks on the World Trade Centre.

Franks (2011) argues that a developmental framework should be applied when considering the impact of CIs on children. CIs involve cataclysmic change when children are already moving through developmental changes. Consequently, Franks argues, CIs are particularly likely to mark turning points in developmental trajectories. For example, Goenjian et al.

(1999) found advanced moral development and increased depression in Armenian adolescents closest to the epicentre of an earthquake 6 ½ to 7 ½ years after the event. They concluded that their experiences, including confronting morally challenging situations (e.g. stealing food) during the crisis, irrevocably shaped their identities.

Theoretical models of bereavement and loss (Kubler-Ross and Kessler, 2005; Worden and Silverman, 1996) are also relevant, with many responses common to both grief and PTS (Dyregrov, 2008). When a death is sudden and/or violent, as in a CI, grief reactions tend to be more severe or long-lasting (Pynoos and Nader, 1987). Also, witnessing death, or harbouring fantasies, can cause intrusive thoughts that complicate the grief process (Stubenbort et al., 2001). Childhood traumatic grief may be diagnosed following a death that provokes intense fear, helplessness or horror (American Psychiatric Association (APA), 2000). Disenfranchised grief occurs when individuals experience grief that is not publicly acknowledged or socially supported (Corr, 1998; Rowling, 1995). Teachers who believe that they have to hide their feelings (Rowling, 1995), and adolescents, particularly if a peer's death is the result of suicide or risk-taking (Balk, Zaengle and Corr, 2011), are particularly vulnerable to disenfranchised grief.

2.4.2 The evidence base for impact of CIs

Studies exploring the impact of CIs were examined using the appropriate Critical Appraisal Skills Programme (CASP) criteria (CASP, 2014). The CASP criteria are a tool for appraising research papers to determine their validity by evaluating their methodological quality and significance and the usefulness of their results. The majority of papers identified were 'cohort studies' that is, they explore the frequency or degree of symptoms in a group exposed to a risk factor, in this case a CI. Appendix 2a gives the CASP criteria for cohort studies.

There is a considerable body of evidence informing understanding of the impact of CIs on children. The sizeable numbers and representative cross-section of populations involved in large scale natural disasters means that there is an abundance of quantitative research available, for example, Pane et al. (2008) studied the impact of hurricanes on more than 196,000 students in Louisiana. However, caution must be exercised in extrapolating results. Firstly, cohort study CASP criteria (CC) 5 highlights the need to take into account all confounding factors. Large scale disasters often involve secondary consequences, which may complicate and prolong initial impact, for example, with child victims of Hurricanes Katrina and Rita, hurricane-related stressors were exacerbated by the victims' subsequent dispersal

across 43 American states (Madrid et al., 2008). Secondly, cohort study CC 10 emphasises that results should ‘help locally’, in this case be applicable to a UK population, which is questionable due to the scale and nature of the CIs. Furthermore, as Natasi et al. (2008) stress, insufficient regard for cross-cultural differences may compromise findings if researchers apply Western-based knowledge to disasters in the developing world.

The search also identified meta-analyses relevant to this section. These were evaluated using the CASP criteria for reviews (CASP, 2014). Appendix 2b gives the CASP criteria for review studies. Norris, Friedman, Watson, Byrne, Diaz and Kaniasty (2002) conducted a meta-analysis of quantitative studies across 160 distinct samples of disaster victims. They included empirical studies of ‘acute, collectively experienced events with sudden onset’ (p.208). Norris et al.’s meta-analysis met most CASP criteria (review) although the precision with which the results were reported (review CC 7) was compromised as it did not provide confidence intervals. Also, the extent to which it met review CC 3 (‘all important, relevant studies were included’) could be contested due to the exclusion of non-English language studies. Trickey, Siddaway, Meiser-Stedman, Serpell, and Field’s (2012) meta-analysis of potential risk factors for PTSD across 64 studies reports findings with more precision although again, non-English language studies were excluded.

2.4.3 Post-traumatic stress

When an individual witnesses, or is confronted with, ‘an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others’ (Davis and Siegel, 2000, p.136) they are initially overwhelmed and unable to process, cognitively or emotionally, what is happening. As Posada (2006) points out, shock and numbness in the initial phase of a crisis may have a protective psychological function. Thus, initial psychological, emotional and behavioural responses may be interpreted as normal reactions to an abnormally challenging or life-threatening situation (Horowitz, Stinson, & Field, 1991). In the first month these responses indicate PTS; if they become abnormally debilitating during that period acute stress disorder may be diagnosed.

2.4.4 Post-traumatic stress responses in children

Responses in children are qualitatively different to those in adults due to developmental differences. For example, Cohen, Berliner and Mannarino (2000) claim that children experience more cognitive distortions, incorrect attributions, unrealistic fears or expectations

and misperceptions as they try to make sense of their experience. Additionally, Franks (2011) posits, the child's developmental stage influences responses, for example, older children are more able to understand abstract concepts and younger children are more likely to engage in egocentric 'magical thinking'.

Furthermore, CI responses in children may also be quantitatively different to those of adults. Norris et al.'s (2002) meta-analysis included both adult (109 samples, 68%) and school age (27 samples, 17%) disaster victims. Acute, collectively experienced natural (55%), technological (34%) and intentional (11%) events were represented. Norris et al. (2002) found considerable methodological diversity across the studies: measures were taken at any point from immediately to 7 years post disaster. Two thirds of the samples (n=109, 68%) had a single post disaster assessment with the remainder (n=51, 32%) having two or more post disaster assessments; only seven studies had any true pre-measure. In order to estimate degree of impact, Norris et al. (2002) classified each study's results based on degree of psychopathology within the sample on a 4-point scale: minimal (1 = little or very transient effect); moderate (2 = up to 25% showing elevated rates of psychopathology); severe (3 = 25% - 50% elevated rates); and very severe impairment (4 = above 50% elevated rates). Their results showed 29.9% of individuals in school aged samples experienced very severe impairment compared with 18.3% in adult samples, suggesting that children may experience more severe symptoms than adults following a CI.

2.4.5 Post-traumatic stress disorder

PTS responses to a CI may be intense but usually decline gradually over time (Watson, Brymer and Bonanno, 2011). Where negative responses persist or occur beyond the first month and reach clinically significant levels, with symptoms related to stress or functional impairment, post-traumatic stress disorder (PTSD) may be diagnosed (APA, 2013; Tricky and Black, 2000). PTSD was first identified in veterans of the Vietnam War and included in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III) in 1980 (APA, 1980).

2.4.6 Diagnosis of PTSD in children

When PTSD was initially included in the DSM III it was considered an adult condition. Such symptoms in children were thought too short lived to warrant any related diagnosis (Garmezy and Rutter, 1985). Emotional, behavioural and psychosomatic disturbances in children

received labels such as ‘posttraumatic phenomena’ (McFarlane et al., 1987). Eventually, as a result of pioneering research in the 1980s and early 1990s (Yule et al., 1990, Terr, 1991) the diagnostic criteria were revised. The fourth edition of the DSM (DSM IV) stated that: ‘post traumatic stress disorder can occur at any age, including childhood’ (APA, 1994, p.61). PTSD symptoms in children over 6 years old were recognised as isomorphic to adult symptoms (Yule et al., 1990) with the addition of re-enacting trauma through repetitive play (APA, 1994). In the light of more recent research into developmental differences (Scheeringa, Myers, Putnam and Zeanah, 2012) the diagnostic criteria were revised for the fifth edition of the DSM (DSMV) and now include a new developmental subtype of ‘PTSD in preschool children’ (APA, 2013). Table 2.3 shows the diagnostic features of PTSD in adults and children over 6 years and in preschool children (APA, 2013).

Table 2.3 Diagnostic features of PTSD and PTSD in preschool children (APA, 2013)

Criterion	Diagnostic features: adults and children over 6 years old	Diagnostic features: preschool children
Stressor	Exposure to actual or threatened death, serious injury or sexual violence either directly, as a witness or indirectly (e.g. experience of close friend/relative).	Without adult witnesses a stressor may not be identified.
Intrusion symptoms (one required)	Intrusive memories; traumatic nightmares; dissociative reactions (e.g. flashbacks); intense distress/ physiological reactivity after trauma related stimuli.	Preschool children may not show overt distress and may appear neutral or excited.
Avoidance (one required)	Effortful avoidance of trauma related thoughts, feelings or external reminders.	Only one avoidance or negative alteration criterion as difficult to detect.
Negative alterations in cognitions and mood (two required)	Dissociative amnesia; negative beliefs and expectations; distorted blame of self or others; negative trauma related emotions (e.g. horror, anger); diminished interest in pre-trauma activities; alienation from others; persistent inability to experience positive emotions.	See above. Social withdrawal or constricted play added as descriptors.
Alterations in arousal and reactivity (two required)	Hypervigilance or exaggerated startle response, reckless or aggressive behaviour, problems in concentration or sleep disturbance.	Extreme temper tantrums added as descriptor.

2.4.7 Onset and duration of symptoms in children

Evidence suggests that symptoms of PTSD appear very quickly. In the Oklahoma City bombings 76% of those who developed PTSD showed symptoms on the first day, 94% within the first week and 98% within the first month (North, Nixon, Shariat, Mallonee, McMillen,

Spitznagel and Smith., 1999). Webb (1994) advocates monitoring for delayed onset PTSD (the diagnosis where symptoms occur for the first time six months or more after the incident) however no reports of delayed onset PTSD in children were identified during the literature review.

A number of studies identified symptoms persisting beyond 3 months (chronic PTSD). La Greca, Silverman, Vernberg, and Prinstein (1996) noted symptoms reduced between 3 and 7 months however clinical levels of PTSD were still seen in 13% of children 10 months after Hurricane Andrew. Additionally, La Greca et al. (2010) identified a 'multiplier effect': stress caused by the initial event made children more susceptible to subsequent stressors thereby perpetuating symptoms. Uemoto et al. (2012) found highest levels of fear and anxiety initially (first data gathering at 4 months) which then gradually declined over time; in contrast depression at the sixth month was significantly higher than at the fourth month. Udwin et al. (2003) specify factors influencing duration of PTSD, including a history of social relationship difficulties, depression and illness or other medical problems.

Longitudinal studies indicate that for a sizeable minority of children symptoms may continue for years, often leading to long term mental health issues (Goenjian et al., 2011). Najarian et al. (2011) found that 4 out of 19 child survivors of the 1988 Armenian earthquake still presented with PTSD as adults. Furthermore, Morgan et al. (2003) found that 12% of survivors of the 1966 Aberfan disaster met the criteria for PTSD in 2003 - a diagnosis that was not available to them 33 years previously.

2.4.8 Incidence of PTSD in children

In the literature, following an incident reported rates of PTSD in children vary between 5% (Shannon, Lonigan, Finch and Taylor, 1994) and 70% (Goenjian et al., 1995). Several factors contribute to this variance including different sampling criteria, inconsistent use of clinical measures and insensitivity to developmental stage of diagnostic criteria (Terr, 1991; Scheeringa et al., 2012; Hawkins and Radcliffe, 2006). Where studies are matched for sampling criteria, type of incident and the age of children, findings are more consistent, for example separate studies into child survivors of Australian bushfires in 1983 and 1994 found rates of PTSD of 13% and 12% respectively (McFarlane et al., 1987; McDermott and Palmer, 1999).

2.4.9 Impact of CIs on children and adolescents

This section describes a range of studies examining the impact of CIs on children; where a study does not meet one or more CASP criteria (cohort study) this will be highlighted in the text.

Uemoto, Asakawa, Takamiya, Asakawa and Inui (2012) assessed 8,800 school children in the wake of the Kobe earthquake in Japan in 1995. Uemoto et al. (2012) used a self report questionnaire administered by class teachers at 4th, 6th, 12th and 24th month post disaster and compared results with 1,886 control subjects in schools in minimally affected areas. Results showed a significant elevation in fear, anxiety and depression in affected areas that correlated with severity of earthquake experience (e.g. damage to homes; injury of self or others). However, whilst Uemoto et al.'s (2012) study fulfils the majority of CASP criteria caution much be exercised in applying results to a local UK population (CC 10) due to cross-cultural differences as well as the significant difference in the scale and nature in comparison to CIs experienced in UK schools.

However, Yule, Udwin and Murdoch (1990), conducted a study that had similar findings and yet met CASP criteria 10. Yule et al. (1990) used a comparable methodology (self report at 10 days and 5 months post disaster) in a smaller scale study following the sinking of the cruise ship Jupiter in 1988. Yule et al. (1990) recorded an increase in fear, anxiety and depression in the 24 survivors compared to a control group from a comparable London school.

Whilst there is an abundance of quantitative evidence for the impact of CIs, there are comparatively few qualitative studies. Tuicomepee and Romano (2008), exploring the impact of the 2004 Boxing Day tsunami, conducted one of the few mixed methods studies and highlight that qualitative data yielded important information not captured by quantitative methods. Tuicomepee and Romano (2008) collected objective (e.g. Tsunami-Related Experiences Index) and subjective data (e.g. School Connectedness Scale) from 400 subjects. Forty subjects representing low impact (n=20) and high impact (n=20) tsunami experience then took part in semi structured interviews. Despite cross-cultural differences Tuicomepee and Romano's (2008) findings are consistent with the previous studies: quantitative results showed a strong correlation between severity of objective experience and subsequent behaviour problems. Additionally, narratives from the interviews highlighted prolonged underlying emotional difficulties.

Due to the unpredictable nature of CIs studies rarely include any pre-CI baseline data. Reijneveld et al. (2003) however were able to use existing data when one cohort of subjects enrolled in a study into behaviour, alcohol and drug use were involved in the Volendam fire in the Netherlands. Findings indicated an increase in self reported anxiety and increased alcohol use (but not drug use) in those subjects from the school that had experienced the CI.

Brown, Wellman, Afano and Weems (2011) focused on reported sleep disturbances in 191 children (aged 8-15 years) affected by Hurricane Katrina and found increased disturbance, including fear of sleeping alone reported at 24 and 30 months post-CI.

A body of literature highlights the negative impact of trauma and loss on memory, concentration and educational engagement and attainment. Broberg, Dyregrov and Lilled (2005) used a questionnaire (n=263) and semi structured interview (n=205) to explore the impact of the Goteborg discotheque fire in the Netherlands on adolescent survivors. Methodological challenges include a sample that was not fully representative (CC 4) with 72% of girls and 96% of boys having parents born outside Sweden, and a measurement scale that was not validated with an adult version of an interview scale translated into Swedish (CC 2). Nevertheless results were consistent with previous studies, indicating a negative impact on concentration, school engagement and a decline in academic attainment (compared with pre-CI predicted grades). Dyregrov (2004) posits that this is most significant in academic subjects requiring high levels of concentration, such as mathematics, science and grammar.

La Greca et al. (2010) explored the experiences and responses of 384 children at 9 months and 21 months after exposure to a hurricane in the United States. Like much post disaster research, this study was potentially compromised by over reliance on self report without incorporating the views of family or teachers (CC 4). However, La Greca et al.'s (2010) findings were consistent with other studies recording poor concentration and sustained hyperarousal that persisted over two years after the event.

In conclusion, despite some methodological issues, studies into the impact of CIs on children have generally consistent findings. The next section will examine evidence that offers insight into risk and resilience factors in children experiencing a CI.

2.4.10 Risk and resilience factors for PTSD

Having highlighted the impact of CIs on children the remainder of this section considers factors that may increase or reduce vulnerability to PTSD³. Identification of risk and resilience factors can inform proactive measures to enhance resiliency, in addition to facilitating effective monitoring and targeted intervention following a CI.

2.4.10.1 Pre-existing risk and resilience factors

The DSMV identifies early experiences, family and personality variables, and pre-existing mental health issues as risk factors for PTSD (APA, 2013). Many studies have identified correlations between pre-existing individual characteristics and the risk of developing PTSD (Trickey et al., 2012).

These pre-existing factors include:

Gender: many studies find increased vulnerability in girls (Uemoto et al., 2012; Tuicomepee and Romano, 2008; Brown et al., 2011). Trickey et al.'s (2012) meta-analysis concluded that female gender was a consistent but small risk factor however the risk factor became stronger with age, particularly where the CI stressor was intentional. Papadatou, Giannopoulou, Bitsakou, Bellali, Talias, and Tselepi (2012) explored the impact on 1,468 school children six months after they experienced a wildfire that swept through the Peloponnese in Greece; results indicate increased female vulnerability. However, results could be misleading as Papadatou et al.'s study, like the majority studies of post disaster studies, relied on self report and girls may be generally more willing than boys to acknowledge symptoms.

Age: studies frequently suggest that there is an increased vulnerability in younger children (La Greca et al., 2010). However, Trickey et al.'s (2012) meta-analysis considered 18 studies with age related data and concluded that overall age was largely unrelated to whether a young person develops PTSD. Intriguingly, the meta-analysis revealed younger age as a significant risk factor (albeit with a small effect size) for trauma experienced as part of a group rather than individually. Nooner, Linares, Batinjane, Kramer, Silva and Cloitre (2012) argue that overreliance on self-report may mask symptoms in adolescents who may be reluctant to disclose distress and yet are at risk due to issues around identity formation and self-esteem.

³ Risk factors specifically for youth suicide are complex and beyond the scope of this study (see Bridge, Goldstein and Brent, 2006 for an overview).

Ethnicity: evidence on the impact of ethnicity is scarce. Lonigan et al. (1991) and La Greca et al. (1996) found more reported symptoms of PTSD in children from minority ethnic groups following hurricanes however this may have been related to other variables associated with minority status such as limited financial resources. Trickey et al. (2012) found a consistent but small effect on the likelihood of developing PTSD however this was based on a sample of only 5 studies which considered the impact of ethnicity.

Cognitive ability: Trickey et al. (2012) observed a small to medium sized effect for low intelligence as a risk factor. Children with learning disabilities may be more vulnerable to PTSD (Dodd et al., 2008) and more likely to demonstrate their confusion, distress and anxiety through behaviour (Boon, Pagliano, Brown and Tsey, 2012). Additionally, children with developmental disabilities are more at risk of complicated grief symptoms (Dodd, Guerin, McEvoy, Buckley, Tyrell and Hillery, 2008; McEnhill, 2010). Silva, Alpert, Munoz, Singh, Matzner and Dummitt (2000) identify good cognitive skills as a protective factor for PTSD. Bonanno, Brewin, Kanaisty and La Greca (2010) argue that cognitive flexibility promotes recovery and resilience.

Early experiences: Trickey et al. (2012) observed a small to medium sized effect for pre-CI life events and bereavement as risk factors. Many studies suggest that a history of neglect or abuse significantly increases vulnerability to PTSD. Papadatou et al. (2012) found a strong positive correlation between severity of impact and pre-CI stressful life events. Vernberg et al. (2001) posit that CIs increase the need for protection, therefore children with insecure attachment styles, who are less able to gain a sense of security from adults, are particularly vulnerable.

Family functioning: Trickey et al. (2012) observed a small to medium sized effect for low socio-economic status as a risk factor and identified poor family functioning pre-CI as a significant predictor of PTSD.

Social isolation: poor social support pre-and post CI has been found to be a significant risk factor (Trickey et al., 2012). McDermott, Berry and Cobham (2012) found that strong social networks and positive peer relationships accounted for 60% of variance in PTS. Papadatou et al.'s (2012) study indicates that perception of social support is a better predictive of psychological well-being than actual support.

2.4.10.2 Incident related risk factors

Whilst some individuals have an increased risk of developing PTSD due to individual characteristics that are independent of the CI, additionally, a second group of individuals can be identified following a CI, who are vulnerable because of their experience during, or as a result of, the incident. Seguin et al. (2012) use the term ‘psychologically wounded’ to describe these individuals.

Incident-specific factors that influence vulnerability to PTSD include:

Proximity of exposure: many studies demonstrate that physical involvement in a severe and/or extended CI is a significant risk factor (La Greca et al., 1996, 2010; Norris et al., 2002; Tuicomepee and Romano, 2008; Seguin et al., 2012). Following a sniper attack on a school, Pynoos et al. (1987) found that children experiencing the most physical danger had the highest levels of PTSD. Roussas et al. (2005) found rates of PTSD in children following the 1999 Parnitha earthquake were 13.9% at the epicentre and 4.5% 10 km away.

Perception of danger: Trickey et al.’s (2012) meta-analysis of potential risk factors across 64 studies (N = 32,238) concluded that subjective experience, for example *perceived* life threat, was the most significant risk factor. Perceived threat may place individuals at risk of PTSD in the absence of actual danger: Kiser et al.’s (1993) study highlights the increased risk due to anticipatory fear, following warning of an earthquake that did not materialise. Additionally, Shaw et al. (1996) found children in the path of a hurricane showed responses that were comparable to those directly exposed. As Udwin et al. (2003) highlight, both real and subjective experience must be considered in judging an individual’s level of risk.

Relationship to victim(s): Papadatou et al. (2012) identified that perceived threat or actual harm to ‘significant others’ increased an individual’s risk of developing PTSD. Pfefferbaum, McDonald, Brandt and Rainwater (2000) recorded symptoms of PTSD two years after the Oklahoma City bombing in children within 100 miles of the bombing who had a connection to one of the victims. Hughes et al. (2011) found the death of a friend, or fear for a friend’s safety, during the school shootings at Virginia Tech were significant risk factors for PTSD. Stubenbort et al. (2001) identified symptoms of PTS in adolescents bereaved by the 1994 Flight 427 air crash, which they attributed to awareness of their relative’s experiences and traumatic death. Laor et al., 2002 conclude that grief following traumatic exposure is a significant predictor of PTSD.

Cause: Norris, Friedman, Watson, Byrne, Diaz and Kaniasty's (2002) empirical review of 160 studies concluded that intentionally generated CIs had greater negative impact than those with technological or natural causes.

Other factors: Doka (2013) identifies factors that influence the degree of impact on individuals not directly involved, including the social value of the victims, perception of suffering, preventability, intentionality and identification with the victims. Yacoubian and Hacker (1989) found that identification with victims was a significant factor in Armenian-American adolescents experiencing trauma reactions following an earthquake in Armenia.

The literature reviewed in this section identifies the impact of CIs on children, highlighting risk and resilience factors in individuals with inherent vulnerability and those placed at risk by their experiences during the CI. The next section considers evidence-informed approaches to CI intervention aimed at minimising negative impact, reducing the risk of PTSD and promoting recovery post CI.

2.5 CI intervention

CI intervention aims to prevent the development of PTSD (Sandoval et al., 2009) and to support a timely return to fully functioning normality in both individuals and organisations (Saari et al., 2011). This section explores the means by which these aims may be achieved. The section begins by looking at existing models of crisis intervention, considers the evidence base and sets out five empirically validated principles (Hobfoll et al., 2007) which are then applied to recommendations for CI preparation and response.

2.5.1 Models of crisis intervention

Crisis theory has informed a number of models of crisis intervention. Early practitioners, such as Renshaw (1974) argue that intervention should be specific to the event that precipitated the crisis. However, several generic models have since been developed, such as the Fink-Ballou model (Ballou, Read and Boyer, 1987) and the Assessment Crisis Intervention Trauma Treatment (ACT) model (Roberts, 2000). Some models of crisis intervention, such as Critical Incident Stress Management (Mitchell, 1983; see Roberts and Everly, 2006 for a review) have provoked controversy, at least partly due to the inclusion of 'psychological debriefing': this will be discussed later in this section.

Currently, the model receiving the most positive reception is Psychological First Aid (PFA). PFA provides a model for intervention in the immediate aftermath of a disaster (Brymer et al., 2006; 2009; see Vernberg et al., 2008 for an overview). The core actions include compassionate engagement, providing emotional and physical safety, monitoring high-risk individuals, practical assistance and identifying risk and resilience factors in the environment with the emphasis on building strengths, problem solving, positive coping and feelings of self-efficacy. PFA is a flexible, tailored approach and so systematic evaluation is problematic. However, it is reportedly well received by survivors (Allen et al., 2002) and there is some preliminary evidence to suggest following PFA rates of PTSD one year after exposure may be as low as normative rates (Galea et al. 2002; Galea et al., 2003; 2010). Gheyntanchi et al. (2007) describe PFA as ‘swiftly becoming the new state-of-the-art model for early intervention’ (p.126).

2.5.2 The evidence base for CI intervention

Challenges in validating CI interventions include heterogeneity of events and populations, multiplicity of assessment and evaluation measures, and shortage of baseline data (Hobfoll et al., 2007; Klingman, 1992). Roberts and Everly’s (2006) meta-analysis of 36 crisis intervention studies concludes that ‘research on crisis intervention is in its early stage of development’ (p.18). As Croft (2006) argues, research into the effectiveness of CI intervention is often a descriptive account of the author’s experiences. However despite the lack of research there is a considerable amount of consistency across publications in terms of recommendations (Nickerson and Zhe, 2004).

Watson et al. (2011) recommend systematically introducing and evaluating new interventions; Posada (2006) points out that EPs are well-qualified to conduct such research in schools. One barrier may be the reluctance of staff to allow access to children (Blom, 1986) however, when approached directly students appear willing to participate (La Greca et al., 2010). Knox and Roberts (2005) recommend that evaluation procedures should be integral to CI response, with a member of the team taking the role of ‘evaluator’. However, as Mottola (1971) highlights, in a crisis situation intervention may be disorganised and reactive with little opportunity for systematic evaluation. Consequently, the evidence base for CI intervention has largely been developed by practitioners, implementing approaches and observing the results (Klingman, 1987). The evidence base is therefore, ‘heavily weighted towards the anecdotal and best practice rather than research’ (Allen, Marston and Lamb,

2001, p.68, as cited in MacNeil and Topping, 2007) which, as MacNeil and Topping, (2007) point out is no substitute for rigorous, balanced research that evaluates outcomes over time.

2.5.3 Key principles of CI intervention

In the absence of rigorous research, Hobfoll et al. (2007) suggest that ‘evidence-informed’ guidance is distilled from empirically validated general principles. Vernberg et al. (2008) agree that there is a sufficient evidence base to identify these principles and to recommend specific actions that follow from them. Hobfoll et al. (2007) identify five basic principles: promotion of a sense of safety; promoting calming; promotion of sense of efficacy; promoting connectedness; and instilling hope. These general principles for CI intervention will now be examined.

2.5.3.1 Promotion of a sense of safety

CIs cause crises, which involve actual or perceived threat and thereby evoke fear reactions. Additionally, they challenge assumptions of safety and lead to a ‘loss of belief in the predictability of the world’ (Garland, 1998, p.11). Promoting a sense of safety seeks to ameliorate the physiological and neurobiological fear responses and challenge fear-induced cognitive processes that otherwise inhibit recovery (Hobfoll et al., 2007; La Greca et al. 2010).

2.5.3.2 Promoting calming

McNally, Bryant and Ehlers (2003) highlight that calming psycho-physiological fear responses is crucial, as sustained heightened arousal greatly increases the risk of PTSD. Some early interventions, for example, Dallas (1978), focused on discharging negative energy through ‘venting’. Even at the time these methods were controversial (Glenwick et al., 1979) with empirical evidence on catharsis casting doubt on the validity of this approach (Quanty, 1976). More recently, psychological debriefing (PD), has been criticised for increasing arousal at a time when calming may be more beneficial (McNally et al., 2003). In contrast, PFA avoids soliciting descriptions of traumatic experiences and focuses on recovery (Deville, Gist and Cotton, 2006; Lilienfeld, 2007).

.5.3.3 Promotion of sense of self and community efficacy

The subjective sense of helplessness intrinsic to a crisis challenges both individual and community efficacy. A sense of efficacy, with belief in one's ability to influence positive outcomes, is well recognised as a contributor to psychological health (Skinner, 1996). Sandoval et al. (2009) highlight the importance of rebuilding self reliance and avoiding over-dependence on external support.

2.5.3.4 Promoting connectedness

As previously highlighted, social connectedness is a significant protective factor in the development of PTSD (McDermott et al. (2012). Ribbens McCarthy (2010) identifies social relationships as a major factor in recovery following bereavement. Gilligan (2006) concluded that social support networks in communities during sectarian conflict in Northern Ireland, provided protection from psychological distress. Wall (2008) emphasises that tragedies can bring people together, and suggests that schools may wish to hold onto the sense of community generated by such a profound shared experience.

2.5.3.5 Instilling hope

The principle of instilling hope is based on research that indicates that a positive and optimistic outlook promotes resilience (Benight and Harper, 2002; Benight, Swift, Sanger, Smith and Zeppelin, 1999; Seligman, Steen, Park and Peterson, 2005; Vernberg et al., 2008). Carver (1999) argues that individuals who retain a sense of optimism, positive expectancy of recovery and hopeful beliefs have better outcomes after CIs. Kasler, Dahan and Elias (2008) examined contributions to resiliency in children following trauma and found a negative correlation between hope and PTSD. Klingman (1987) cites 'expectancy' (of gradually resuming everyday activities) as an important principle in CI intervention, while Rapoport (1967) emphasises the importance of conveying a sense of hope. McMillen and Fisher (1998) describe the 'perceived benefit phenomenon' as a good predictor of recovery.

2.5.4 Recommendations for CI intervention

This section considers specific recommendations, highlighting their evidence base in the light of Hobfoll et al.'s (2007) empirically-validated general principles. The recommendations have been organised into seven themes: prevention and preparation; information and

communication; screening and referral; structure and acknowledgement; rituals, displays and memorials; normalisation and processing; and debriefing and classroom interventions.

2.5.4.1 Recommendations for CI prevention and preparation

Jaques (2007) reviews generic models of crisis management and concludes that, ‘crisis prevention and crisis preparedness are just as much parts of the overall process as tactical steps to take once crisis strikes’ (p.152). In PFA (Brymer et al., 2006), two of the four phases are proactive: prevention/mitigation (e.g. building security) and preparedness (e.g. simulation exercises). This section examines recommendations for CI prevention and preparation in schools.

Pitcher and Poland (1992) emphasise the importance of preventative measures in schools. Detailed consideration of preventative approaches is beyond the scope of this review therefore a short summary follows with comprehensive reviews referenced for further reading. Preventative approaches include:

- Violence prevention: approaches such as zero tolerance discipline and student profiling are widely used and commonly advocated in the US (Nickerson and Zhe, 2004). However, as Borum, Cornell, Modzeleski and Jimerson (2010) stress many have little or no empirical support. (See Leff, Power, Manz, Costigan and Nabors (2001) for a review of school violence prevention measures.)
- Suicide prevention programmes: Zenere and Lazarus (1997) describe the positive impact of a suicide prevention programme. Ciffone (2005) highlights that, in the US, where suicide awareness classes are commonplace, the suicide rate is declining. (See Miller, Eckett and Mazza (2009) for a review of suicide prevention programmes.)
- Anti-bullying programmes: Rivers and Noret (2013) found experience of bullying, as victim, perpetrator or observer, was linked to increased suicide ideation. Consequently mental health programs, such as the Mindmatters Program (Evans, Mullett, Weist and Franz, 2005), that promote anti-bullying and suicide prevention are recommended in the literature.

Recommendations for CI preparation include developing a contingency plan and assigning roles and responsibilities for tasks (Brymer et al., 2006). Eaves (2001) argues that contingency plans should be mandatory in the UK, as they are in most states in the US (Allen et al., 2002). Without legislation, Klingman (1987) suggests, school staff show reluctance

plan for situations that may not arise therefore plans are largely developed retrospectively. Rowling and Holland (2000) found that only 15% of UK schools had a CI plan compared with 94% of those in Australia. However, although Adamson and Peacock's (2007) survey found that 95% of American schools had CI plans, 50% were neither reviewed regularly nor evaluated. Brennen, Barnes-Eley and Poirier (2009) surveyed 340 parents and recommend increasing parental involvement in CI plans.

Advance planning and establishment of CI teams have face validity, however there is a shortage of empirical support (Nickerson and Zhe, 2004). Nevertheless, CI preparation is consistent with Hobfoll et al.'s (2007) principles as it promotes a sense of efficacy and, through teams, contributes to social connectedness. Additionally, pre-planning may facilitate a more organised and, therefore, calm response which is especially important if, as Pynoos et al. (1999) hypothesise, children's perception of danger is co-constructed based on social referencing of significant adults.

Additional recommendations for preparation include:

- Simulation exercises: MacNeil and Topping (2007) recommend 'disaster drills' arguing that empirical support may be extrapolated from earlier research into fire drills. Hillman, Jones and Farmer (1986) found behavioural practice and awareness of the rationale behind actions reduced fear of fires and enhanced a sense of safety.
- Preparation of resources: Balk et al. (2011) recommend preparing a bank of CI resources, including information about additional support.
- Staff training: studies recommend that CI training needs of staff should be identified and met proactively (Holland, Dance, McManus and Stitt, 2005; Brymer et al., 2009).

The literature also contains recommendations aimed at mitigating the effects of a CI including:

- Resiliency programmes: Goenjian et al. (1997; 2005) recommend focusing on the skills of problem-solving and emotional regulation needed to overcome adversity. Wolmer, Laor, Dedeoglu, Siev and Yazgan (2011), provide empirical evidence, describing a teacher-led resiliency-focused programme (n= 1488) which resulted in 57% fewer cases of PTSD when compared to a control group.

- Curriculum issues: Several writers (e.g. Butler, 2013) advocate proactively embedding death, grief and loss within the curriculum to facilitate understanding ahead of any event and to give children the language to discuss such issues when the need arises.
- Supportive ethos: Rowling (1999; 2010) argues that school ethos and the attendant belief system are crucial in recovery. Tein, Sandler and Ayers's (2006) findings that a positive, nurturing approach is a protective factor against PTSD corroborates this view. Syvertsen, Flanagan and Stout (2009) identified positive perceptions of school and good student-staff relationships as key factors in students' willingness to confide in adults when they suspected that a peer was considering violence.

Having considered proactive recommendations, the next sections will look at actions to be taken in the event of a CI. There is general agreement that CIs unfold in stages and each stage requires certain responses (Tyhurst, 1951; Yule and Gold, 2006). In the immediate aftermath there may be a requirement for specific emergency actions such as telephoning the emergency services or administering first aid (Klingman, 1988; Seguin et al., 2012). Subsequently, as described in PFA (Brymer et al., 2009), the initial response phase involves actions aimed at containing the crisis and decreasing the potential for escalation. This is followed by a recovery phase. However, the transition between phases may be indistinct, therefore the remainder of this section examines recommendations across stages.

2.5.4.2 Recommendations about information and communication

Yule and Gold (2006) describe obtaining and disseminating factual information as an immediate task. Recommendations about information and communication include:

- Establishing facts and planning a response: Sorenson (1989) stresses the importance of rapidly establishing the facts and assessing the intensity and nature of the crisis to facilitate a proportionate response. Dyregrov (2008) suggests that the death of students or staff members generally have the greatest impact; deaths that occur on the journey to or from school, during a school excursion, or as a result of suicide present serious organisational consequences. When assessing the impact of suicide, Brock et al. (1996), recommend considering the popularity of the victim(s), degree of student exposure, history and recency of similar CIs, timing and available resources.
- Establishing lines of communication: Gheyntanhi et al. (2007) stress that good communication is vital during a CI as the situation can change rapidly. Practical

recommendations include mobile telephones and setting up systems for dealing with enquiries (Yule and Gold, 2006).

- Informing staff: Davies and Sandoval (1991) recommend that the entire staff are informed as soon as possible. Klingman (1987) recommends staff are given information about current plans, expected responses and how to manage the students' responses. Greenway (2005) describes the distress caused to staff by gossip, following an incident where information about a suicide was deliberately withheld. Posada (2006) recommends that managers provide regular updates to counteract rumours, even when no new information is available.
- Informing students: Stein (1997) highlights the crucial importance of providing children with accurate information about what happened and why. Some early literature (e.g. Ruof and Harris, 1988) recommended withholding distressing information, however this is now largely untenable due to social media. In any case, Forrest, Plumb, Ziebland and Stein (2006) found that adolescents wanted detailed information, even when facts were distressing. Dyregrov (2008) recommends giving students prompt and accurate information to avoid fantasies and confusion and to prevent them accidentally hearing distressing facts via less supportive routes. Blume et al. (1986) highlight the importance of a formal, planned procedure for notifying students. Students should be informed in small groups, in a familiar setting and by a trusted adult (Schonfeld et al., 1989; Brock et al., 1996).
- Informing parents: Balk et al. (2011) recommend parents are kept informed using information agreed with victims' families. Klingman (1987) advocates parent meetings and a telephone helpline. However, Adamson and Peacock (2007) found fewer than 50% of US schools conducted parent/community meetings after a CI.
- Communication with outside agencies and wider community: Yule and Gold (2006) recommend contact is made with support agencies including psychologists, voluntary organisations (e.g. Samaritans) and the local community, emphasising, however that the role of outside professionals is to support school staff not to replace them.
- Communication with the media: Doka (2013) highlights the importance of establishing positive communication with the media because they 'help frame the perception of the tragedy' (p.11). Sandoval and Brock (1996) suggest that the media can offer psycho-education and disseminate information about community resources. However, as Hobfoll et al. (2007) caution, the media may interfere with a sense of

safety because spreading uncertainty and fear increases viewing and circulation figures. Langua et al. (2005) found that young children have difficulty understanding that an event is over and may believe that constant media coverage depicts a continuing threat. Longer term, Roberts (2000) warns about the ‘second assault’ that occurs when the media revisit an incident, for example following court proceedings. The Investigation Commission of the Kauhajoki School Shooting (2010) reported increased fears as the second anniversary of the Kauhajoki School shooting approached.

In conclusion, as Raphael (1986) highlights, during a CI individuals have a strong need to know what is happening and require information to challenge feelings of helplessness and uncertainty. Hobfoll et al. (2007) suggest that promoting safety includes safety from bad news and distressing rumours. Consequently, communicating clear information, in an appropriate and timely manner, is crucial because, as Yule and Gold (2006) highlight, ‘uncertainty breeds rumour, which adds to distress’ (p.27).

2.5.4.3 Recommendations about screening and referral

Screening is used to identify high risk individuals and consider their additional support needs (Wenckstern and Leenaars, 1993). Sandoval and Brock (1996) warn that in the event of a suicide, failure to identify and intervene with high risk students may result in a suicide cluster. Brock et al. (1996) recommend criteria for identification and immediate support which are consistent with risk factors for PTSD identified in the previous section.

However, as Stein (1997) stresses, CI intervention should begin with the assumption that initial PTS responses are normal reactions to an abnormally challenging situation. Therefore, Reyes (2004) cautions against viewing psychological reactions to CIs as analogous to medical emergencies, warranting immediate and intensive intervention. Indeed systematic reviews have concluded that there is little evidence to support specialist mental health intervention within the first month (Gray and Litz, 2005; Litz et al., 2002). Recommended response therefore, is to provide information that supports normalisation of stress reactions, alongside ongoing monitoring, particularly of individuals identified as vulnerable (Watson et al., 2011).

Subsequently, Yule and Gold (2006) advise that if students’ distress remains high after 6 to 8 weeks, they should be referred to a mental health specialist. A review of the literature surrounding recommended therapeutic treatment for PTSD is beyond the scope of this paper

(see Watson et al. (2011) for a full review). However, to summarise: research supports cognitive behaviour therapy (CBT) which aims to integrate cognitive information processing, for example, thoughts associated with anxiety, with behavioural techniques, for example, relaxation and visualisation (Cook-Cottone, 2004). Eye movement desensitisation and reprocessing (EMDR), which includes many of the same elements as CBT and uses rhythmic eye and other tracking exercises, has also been successfully used with school-age populations (Chemtob, Nakashima and Carlson, 2002).

Long-term, Seguin et al.'s (2012) findings highlight the need for ongoing monitoring and good record keeping as, following the Dawson College shootings, the requirement for additional support for some students took up to 2 years to become apparent.

2.5.4.4 Recommendations about structure and acknowledgement

The literature consistently advocates a rapid return to normal routine and functioning (Madrid et al., 2008). Rowling (2010) argues that re-establishing routines reclaims the school as an orderly, structured and predictable environment. Cameron et al. (1995) concur, describing participation in familiar activities as therapeutic because it restores a sense of normality and, consequently, safety. Prinstein, La Greca, Vernberg and Silverman (1996) posit that resuming normal routines can be conceptualised as a coping approach involving gaining control over a stressful environment. Klingman's (1987) study found that a rapid reintegration into school was beneficial for witnesses of a fatal school bus accident.

Wolmer et al. (2005) recommend retaining 'as much semblance of the pre-disaster order as is feasible' (p.1162). However, as Brock et al. (1996) stress, it is important that re-establishing normality is balanced with an appropriate acknowledgement of events. Rowling (2010) recommends that rituals, such as special assemblies, are incorporated into the normal routine to acknowledge the event and validate the grief. Lack of acknowledgement can prompt distress and anger: Dyregrov (1999) describes student response to what they interpreted as lack of staff concern following the death of a peer. Consequently, earlier recommendations to remove personal belongings of victims quickly (Brock et al., 1996) have been replaced in the literature with advice to retain empty desks and other reminders for a period of time (Dyregrov, 2008; Brymer, 2006). Indeed, Dyregrov et al.'s (1999) study identifies that the desire to acknowledge victims may persist as they found that 83% of students wanted to commemorate the birthday of their deceased classmate. Sandoval and Brock (1996) introduce

a caveat however, cautioning that in cases of suicide acknowledgement requires particular care to avoid giving other vulnerable individuals the message that death increases attention or recognition.

2.5.4.5 Recommendations about rituals, displays and memorials

Benight (2004) argues that a sense of community efficacy, as well as social connectedness, can be promoted through collaborative endeavours, such as organising memorials. As Raphael (1986) observes, CIs create a strong need for individuals to be in contact with others and schools provide a natural context for this (Yule and Williams, 1990). Dyregrov (2008) points out that the process of planning services can be therapeutic and rituals facilitate children's understanding in a developmentally appropriate manner by providing a tangible focus. Dyregrov recommends that adolescents collectively visit the place where a friend died to give expression to their grief through a concrete act or ritual. Fast (2003) explains that rituals promote social connectedness and establish a 'community of bereavement'. He notes that adolescents commonly respond by undertaking collaborative 'grief projects' involving the spontaneous creation of memorials and decoration of existing structures. Yule and Gold (2006) recommend group and class activities, for example making memory books or cards, to facilitate the healing process. However, Brymer et al. (2009) caution against memorial displays in the classroom, as students may have different reactions to them.

In the longer term, whilst commemorative services may reawaken difficult feelings they can also offer a form of closure (Cameron, 2006). Similarly, creating lasting memorials, such as special gardens, can help focus grief, fears and anger constructively (Sandoval and Brock, 1996). For example, Wall (2008) describes the emergence of 'optimistic narratives' in the wake of the New London explosion, as energy was channelled into community projects which 'served survivors and their families well, giving people a collective purpose and reducing their sense of powerlessness' (p.218). Similarly, Knox and Roberts (2005) describe the healing and bonding that resulted from the community use of a park created in memory of deceased student athletes. Yule and Gold (2006) recommend that plans are made in advance to mark anniversaries, for example, by planning a commemorative assembly or annual memorial prize. However, in cases of suicide, mass assemblies and plaques should be replaced by 'living memorials' that benefit other young people (Sandoval and Brock, 1996).

2.5.4.6 Recommendations about normalisation and processing

As previously described, early support should encourage normalisation of responses (Watson et al., 2011). As Openshaw (2011) highlights, normalising stress reactions can reduce anxiety and promote calming, by helping individuals to see their responses as understandable and expected. Furthermore, this approach can instil hope by conveying the message that people may expect to recover spontaneously (Foy, Eriksson and Trice, 2001). Hobfoll et al. (2007) recommend that normalisation is promoted by structuring opportunities for groups to meet and share experiences and feelings. Therefore, as Sorenson (1989) recommends, specific rooms should be designated for groups to meet, for example, rooms for parents to congregate or for students who are too distressed to be in class. Indeed, as Klingman (1987) cautions, without such arrangements distressed students may wander the school corridors and congregate in self-selected, potentially inappropriate, locations.

Furthermore, Weinberg (1989) suggests, group support benefits a greater number of children at a time when need often outstrips resources. However, as McDermott et al. (2012) identify, group interventions have advantages beyond practicality and cost effectiveness, including promoting social connectedness through a shared common experience. Consequently, Openshaw (2011) argues, organising support to groups promotes school stability, in addition to benefiting individuals. However, as Foy et al. (2001) highlight, groups have potential for both relief and contagion and, Vernberg et al. (2008) warn, discordance in groups, from different experiences or personal reaction can interfere with recovery.

Goenjian et al. (2005) recommend that school-based interventions, either group or individual, should aim to support students to make sense of events. Fivush (2004) found that the way in which negative events are understood has implications for coping and well-being. Wall (2008) states that establishing meaning helps individuals regain a sense of control, which is part of the 'restorative process' without which, as Greenway (2005) explains, events may be constantly re-enacted. For example, Yule and Gold (1993) describe a young survivor of the Herald of Free Enterprise ferry disaster who, forbidden to process experience through drawing, began to have nightmares and subsequently attempted suicide.

Klingman and Ben-Eli (1981) observe that following a CI, children naturally seek adults to talk with, thereby accessing language-based support. Rigamer (1986) found repetitive narrations supported children in mastering the psychological effects of a CI. Ehlers and Clark

(2000) argue that providing corrective information, to support a realistic appraisal of events, promotes recovery. Similarly, Joseph et al.'s study (1993), found that addressing unhelpful causal attributions supported recovery in adolescent survivors of the cruise ship Jupiter. Cohen et al. (2000) recommend techniques that challenge and reframe unhelpful thoughts, such as thought blocking or thought stopping. Margola, Facchin, Molgora and Revenson (2010) describe an expressive writing intervention with Italian adolescents following the unexpected death of a peer, which gradually led to an integrated emotional and cognitive restructuring.

However, not all children are able, or willing, to use language to process experiences. Broberg et al. (2005) note that some students, particularly adolescent boys, may be reluctant to talk openly for fear of stigma. Additionally, as Sormanti and Ballan (2011) highlight, young children, and those with cognitive or communication difficulties, are often concrete thinkers and less able to put experiences and feelings into words. For some children therefore, creative and expressive approaches are beneficial. For example, Klingman and Ben-Eli (1981) describe the benefits of a variety of approaches, including creative play, art, puppetry, music, dance, disaster games and socio-drama, following terrorist attacks. Galante and Foa (1986) found a significant reduction in PTS in young earthquake survivors after drawing and role play interventions. Sandoval, Scott and Padilla (2009) highlight that young children naturally use repetitive play to facilitate understanding and regain a sense of mastery. Dyregrov (2008) observes that adolescents are increasingly turning to the internet to express their grief and co-construct their understanding of events.

In addition to cognitive processing, interventions may target arousal levels. For example, Brymer et al. (2009) describe breathing and relaxation exercises and Motta, McWilliams, Schwartz and Cavera (2012) found aerobic exercise was efficacious in reducing negative emotional states. Frederickson, Tugade, Waugh and Larkin's (2003) study, in the wake of the terrorist attacks on the World Trade Centre, indicates that positive emotions such as joy and humour may have a functional capacity to support effective coping.

2.5.4.7 Recommendations about debriefing and classroom interventions

Regular meetings, for staff and groups of students, are recommended during and after a CI to facilitate good communication, social cohesion, mutual support and joint planning (Greenway, 2005; Yule and Gold, 2006). However, describing such meetings as 'debriefing'

can lead to confusion with more formal models of psychological debriefing (PD). PD is the generic term for a brief crisis intervention, delivered soon after the event and usually involving systematic, structured group discussion that aims to activate social support and facilitate the expression, processing and normalisation of thoughts and feelings (Saari et al., 2011). Models include Critical Incident Stress Debriefing (CISD; Mitchell, 1983), emotional decompression (Kinchin, 2007) and Parkinson's three-stage 'facts, feelings, futures' model (Parkinson, 1997). At one time, PD was a widely advocated and accepted intervention following CIs (Everly, Boyle and Lating, 1999; Foy et al., 2001). However, serious methodological limitations, including inconsistent application, lack of clarity around protocol (timing; individual vs. group) and lack of baseline data or controls, have since been identified in adult studies citing positive effects (Wei, Szumilas and Kutcher, 2010). Subsequently, two Cochrane reviews⁴ (Rose, Bisson, Churchill and Wessely, 2002; Roberts, Kitchiner, Kenardy and Bisson, 2009) conducted meta-analyses and concluded there was no evidence to indicate that PD interventions either reduce psychological distress or prevent the onset of PTSD in adults.

Research regarding the effectiveness and safety of PD in children is also limited. Adaptations have been devised to offer developmentally appropriate approaches for children and adolescents, including classroom counselling (Dyregrov, 1989; 1991) and Classroom Crisis Intervention (Brock, 1998). Stallard, Velleman, Salter, Howse, Yule and Taylor (2006) conducted a RCT using PD with individual child survivors (n=132) of road traffic accidents (RTA) and did not find a significant difference in recovery between intervention and control groups. Stallard et al.'s (2006) study had limitations as, although the trauma-focused discussion used with the intervention group followed Dyregrov's (1989) format, debriefing was conducted with individuals (not groups) up to four weeks after the RTA. No randomised controlled trials (RCTs) or quasi-experimental controlled trials of interventions involving PD in a school setting were identified. Nevertheless, despite the lack of evidence, Adamson and Peacock (2007) found PD was used in almost half of US schools.

The main criticism of PD is that, by explicitly focusing on recollection of traumatic events, PD can interfere with normal processes and elevate distress at a time when promoting calming may be more beneficial (McNally et al., 2003). In the light of such criticism, Dyregrov (2008) adapted his model, to create a less emotive 'classroom meeting,' aimed at

⁴ Cochrane reviews are internationally recognised as the highest standard in evidence-based healthcare and use a rigorous, predetermined and explicit methodology.

facilitating a structured group discussion. In line with Hobfoll et al.'s (2007) key principles, such a discussion could promote social connectedness as well as, if carefully managed, promoting calming, hope and a sense of efficacy.

2.5.4.8 Summary of recommendations

This section examined recommendations in CI preparation and response and identified a high degree of consensus throughout the literature. The evidence base for recommendations was examined and it was concluded that, whilst many have face validity they lack empirical support. In these cases, recommendations may be appraised and validated through consistency with Hobfoll's et al.'s (2007) empirically validated principles. Key recommendations consistent with these principles include:

- Promotion of protective factors prior to any incident (e.g. developing a supportive ethos).
- CI contingency planning including formation of a school CI response team.
- Effective dissemination of accurate information to all parties following a CI, with regular updates provided.
- Maintaining a balance between keeping to familiar routines and providing opportunities to acknowledge victims and think about what has happened.
- Identification of, and additional support for, high-risk individuals; ongoing, long term, monitoring and (where appropriate) referral for specialist support.
- Collaborative practical activities and rituals that channel energy in a positive and constructive way.
- Opportunities for processing and meaning-making through verbal or creative approaches including normalising individual reactions.

The main area of controversy centres on approaches to psychological debriefing where the evidence base, particularly with children, is in question. Furthermore, techniques in PD, such as exploring sensory impressions of the trauma within a group (Kinchin, 2007), arguably contravene the principle of promoting calming. Aside from the debate about PD, recommendations, as Nickerson and Zhe (2004) highlight, are largely consistent across the literature. This section has identified recommended actions that can be taken by staff within a school. The next section considers the role of the EP in supporting a school in implementing these recommendations.

2.6 EPs and CI intervention

The development of the EP role in CI support was considered earlier in this chapter. This section returns to the EP literature to explore current practice in CI support to schools, with the intention of identifying areas for future development.

2.6.1 An international perspective

Literature included in this review predominantly originates in the UK, US or Israel. Within the US school psychologists are generally regarded as part of the school staff and consequently, as Adamson and Peacock (2007) found, are almost always included in school CI teams. In contrast, as Stein (1997) describes, school psychologists in Israel are centrally organised within the Ministry of Education. In the event of a CI involving children Israeli EPs are mobilised and coordinated by senior officials in the Ministry. In the UK, EPs engaged in CI support are predominantly employed within Local Authority maintained EPSs (Carroll et al., 1997). As the national context has major implications for EP practice the remainder of this section will focus on EPs in the UK.

2.6.2 EP practice in CI support in the UK

Much of the UK literature was published in the mid-1990s when, as previously described, there was a significant development in EP involvement in CIs (Houghton, 1996). CI support is described by EPs in services in Salford (O Hara et al., 1994), Birmingham (Mallon and Best, 1995), Hertfordshire (Carroll et al., 1997) and Surrey, Kent and Waltham Forest (Cameron et al., 1995). These studies, together with Houghton's (1996) survey of EPSs and emergency planning officers in the UK, give an insight into early CI support. Subsequently this information was supplemented by studies describing CI practice in the 21st century such as Kent EPSs consultation model (McCaffrey, 2004) and a CI simulation exercise in Stockport (Posada, 2006). Hayes and Frederickson (2008) focus specifically on the emotional impact on the EP. Similarly, Greenway (2005) uses a psychoanalytic framework to reflect on emotional responses and implications for EP practice. Rees and Seaton (2011) surveyed 277 EPs in countries around the world about CIs. Descriptions of protocols and practice recur in these studies and these will now be considered. Areas of consistency or disagreement, either over time or when compared with international studies, will be highlighted.

Key issues discussed in the literature include:

- Initiating support: CI support may be initiated through the LA (Mallon and Best, 1995; McCaffrey, 2004) or occasionally parents or social services (Houghton, 1996) but most commonly through direct contact from the school (Cameron et al., 1995).
- First contact: EPs make contact with schools very quickly when a CI is reported (Hayes and Frederickson, 2008; Houghton, 1996). McCaffrey (2004) found head teachers appreciated contact within 24 hours. Similarly, in Israel, Klingman (1987) cites immediacy and proximity as key principles of CI response.
- Initial response and deployment: response begins with a needs assessment followed by a decision regarding the level of support required (Cameron et al., 1995). Hayes and Frederickson (2008) suggest that criteria for immediate deployment include witnessing or experiencing a fatal, near fatal or extremely shocking event (in line with NICE, 2006, guidance regarding PTSD risk factors) plus an 'overwhelming' level of emotional distress within the school community. On-site support generally begins with a meeting between EPs and school management (Cameron et al., 1995).
- Co-working: deployment of at least two EPs is often recommended (O Hara et al., 1994; Carroll et al., 1997). This is consistent with practice in the US where it is recognised that certain criteria, such as a student death, indicate a team response is required (Schonfeld et al., 2002).
- Multi agency response: in line with the NICE Guidelines (2006) Rees and Seaton (2011) found that EPs commonly collaborated with other professionals, particularly social workers, teaching staff and health professionals, during CI interventions. Posada (2006) documents a multiagency approach and recommends multiagency training.
- Training: Rees and Seaton (2011) note that training increases confidence in CI response but find that most UK EPs report minimal or no training. The situation is different in the US where CI response has been part of the National Association of School Psychologists' (NASP) accreditation standard since 2001 and EPs increasingly report receiving in-service training (Allen et al., 2002; Adamson and Peacock, 2007).
- Supervision: the British Psychological Society (BPS) advises that regular supervision is essential for ethical CI practice; a view upheld unanimously across all studies (e.g. McCaffrey, 2004; Dyregrov and Mitchell, 1992). Hayes and Frederickson (2008) examine the impact on EPs themselves and present a dynamic model, based on

emotional competences, which can be used in supervision following CI involvement. US studies also highlight stress in EPs: Bolnik and Brock (2005) found 90% reported negative reactions following CI intervention. Consequently, Bronisch et al. (2006) warn against deploying staff who are themselves in an unstable psychological position.

- Origin of EPS involvement: early studies describe involvement as reactive to CIs, for example, Mallon and Best (1995) described support following a CI in a Birmingham girls' school, delivered before the EPS had formal procedures in place. Unusually, Carroll et al. (1997) describe the crisis intervention service in Hertfordshire EPS which was set up proactively, drawing on the experience of other EPSs.
- Workload demands: early studies identify the need to manage routine workload to permit a rapid response to CIs (Cameron et al., 1995). Response to Houghton's (1996) survey indicated that EPs were keen to resist pressures from the SEN code of practice and retain CI work in order to keep the remit of the EP as broad as possible. Farrell et al. (2006) highlight the significant additional stress for EPs who are already under pressure from the many competing demands of their role. Rees and Seaton (2011) found the average time spent in a CI response was two days.
- Nature of EPS involvement: a variety of EP roles are discussed in the literature, ranging from work at the systemic to the individual level (McCaffrey, 2004; Greenway, 2005). The following section expands on this by examining the range of roles taken by EPs in CIs.

2.6.3 The role of the EP in CIs

The various roles taken by EPs in CI support will now be considered in order to illuminate existing practice and identify opportunities for future development.

2.6.3.1 Prevention and preparation

A number of studies identify a specific role for EPs in CI prevention and preparation. These include:

- Promoting or delivering programmes to develop resiliency, problem-solving and coping skills, social skills and stress management (Udwin, 1993; Dent and Cameron, 2003; Daniels et al., 2011).

- Promoting or delivering proactive education about death and bereavement (Houghton, 1996; Carroll et al., 1997).
- Preparing and collating resources such as relevant books (Carroll et al., 1997).
- Delivering violence prevention (Daniels et al., 2011) and suicide prevention interventions (Sandoval and Brock, 1996).
- Delivering in-service training, for example active listening skills for staff (Daniels et al., 2011) and response to trauma and bereavement (Carroll et al., 1997).

2.6.3.2 Systemic work

Several studies identify a role for EPs working with the whole school or LA. Cameron et al. (1995) discuss the EP role at an advisory and policy-making level within LA education services. Greenway (2005) describes working as a ‘systems analyst’, assessing the health and needs of an organisation such as a school over time to support senior management. McCaffrey (2004) suggests that EPs are well placed to offer support due to their understanding of systems as well as their existing relationship with school staff. Houghton (1996) identifies support to school management in assessment and planning the response to a CI. MacNeil and Topping (2007) point out that while school managers are used to making decisions, they are less likely to have experience in making effective decisions under acute stress, in unpredictable situations and with limited information, time and resources. In Israel, Klingman and Ben-Eli (1981) note the essential function of the EP is ‘to translate knowledge of the generic pattern of responses to this kind of crisis into advice and recommendations for the educational staff’ (p. 525).

2.6.3.3 Consultation

Within the literature there is general agreement that EPs should act as consultants and facilitators rather than experts (Brock et al., 1996; Toubiana et al. 1988). McCaffrey (2004) describes a consultation model developed for CI response in Kent. Some studies note that head teachers may have difficulty returning to a time allocated system for EP involvement after receiving immediate support and full time availability during a CI (O’Hara et al., 1994). Plus, as Stein (1997) acknowledges, ‘at times of crisis, the pendulum tends to swing in the direction of a search for absolutes’ (p.103). However, the ‘general principle should be to enhance the capacity of schools to cope’ (Cameron et al., 1995, p.17) by drawing on internal resources, competences and skills to empower school staff and thereby avoid long-term

dependency (Glenwick et al., 1979; Reyes and Elhai, 2004). Stein (1997) describes Israeli EP deployment to Tel Aviv:

‘the team was not to appear as outside experts that had come to save them or teach them what to do, but as professionals who had accumulated experience in intervention in crisis situations and were coming to share it with them, leaving them to choose what was applicable to their reality’ (p.113).

2.6.3.4 Direct support to adults

Many studies express empathy for the stress and distress of teachers as they struggle to balance their twin roles as educators and carers (Balk et al., 2011; Daniels et al. 2011). Sandoval and Brock (1996) point out that staff may feel uncomfortable and be unable to provide their students with support and guidance. Working with staff, EPs can provide emotional containment, normalise responses and reassure people that they are not becoming ‘psychologically unravelled or mentally ill’ (North and Sulis, 2012, p.172). McCaffrey (2004) highlights the need of staff for personal support and Sorenson (1989) note they may require ‘teacher timeout’ as the crisis unfolds. Greenway (2005) describes working as a facilitator of group and individual processes ‘to allow the unspeakable to be named’ (p.242).

Other literature highlights a role for EPs working with parents, individually and in small groups, providing psycho education and advising them on how to listen to and support their children (Sorenson, 1989; Klingman, 1989; O’Hara et al., 1994; Houghton, 1996).

2.6.3.5 Screening and monitoring

Many studies stress that EPs have a key role in guiding decisions about screening and referral for specialist therapeutic support (Greenway, 2005; Pitcher and Poland, 1992; Cameron, 2006). McCaffrey (2004) highlights an important role for EPs in identifying vulnerable pupils and working with staff to plan appropriate support.

2.6.3.6 Direct work with children

EPs can apply powerful therapeutic concepts and techniques from psychology to support individual and group work with children, for example, enhancing coping skills; reframing attributions; and facilitating peer support (Joseph et al. 1993; Sandoval and Brock, 1996; Cameron, 2006).

Psychological debriefing was widely offered by UK EPs during the 1980s and 90s (Brooks and Seigel, 1996; O'Hara et al., 1994; Mallon and Best, 1994; Carroll et al., 1997). McCaffrey (2005) describes PD as being used very infrequently and Rees and Seaton's (2011) survey indicated that models, such as Critical Incident Stress Debriefing, were only offered by a minority of services.

Morris (2011) describes 'crisis counselling as 'a ubiquitous feature' of CIs (p.265) and Reyes and Elhai (2004) note that media reports generally imply that immediate access to counsellors is crucial to the recovery of those involved. Perhaps in response to such expectations, as well as heightened student needs, Nickerson and Zhe (2004) found that in CIs EPs often assumed the less traditional role of engaging in time-limited counselling. However Weinberg (1989) argues that by providing direct 'counselling' EPs can 'perpetuate its daunting quality and, even worse, discourage school personnel from believing that they can do it themselves' (p.305). Instead, Dyregrov (2008) suggests, teachers, as familiar adults with knowledge of the children and class culture, should offer any direct support required. Klingman and Ben-Eli (1981) concur, advocating direct support be carried out in the natural setting by persons most identified with the setting (i.e. school staff).

2.6.3.7 Production of written guidelines

Cameron et al. (1995) use a pyramid to illustrate the demands that various CI roles make on individual EP time and energy. They place 'produce guidelines for schools' (p.18) near the top of the pyramid, as it is a role making relatively low demands. Posada (2006) identifies that 'more recently a number of services have published their guidelines for critical incident work in schools' (p.203) however she does not provide information about the prevalence, content or use of such guidelines.

Reyes and Elhai (2004) found that written guidelines, with information on normal responses and appropriate support strategies, can offer effective support following a CI. They claim that benefits include reducing confusion and perceived helplessness by empowering individuals and mobilising their predictive capacity, which in turn reduces anticipatory anxiety, promotes functional coping and facilitates ability to respond proactively and effectively. Mallon and Best (1995) emphasise the importance of ensuring that the content of any guidelines is kept up-to-date with current research.

2.6.4 Looking to the future

In their national review of the role of EPs in England and Wales, Farrell et al. (2006) highlighted the key role of EPs in CI response in many LAs. NICE guidelines also recognise the significant role of EPs in coordinating the provision of social and psychological care following a CI (NICE, 2005). Surveys show overwhelming support for maintaining the EP role in CI response from school staff (Watkins, Crosby and Pearson, 2001) and from EPs themselves (Rees and Seaton, 2011).

EPs remain well placed to fulfil this role offering a breadth of knowledge and skills that may be applied at the individual, group and organisational level (Daniels et al., 2011; Evans and Oehler-Stinnett, 2006). EPs are familiar with the culture and organisation of schools and, as one of the few professional support agencies to maintain regular contact they are in a position to build on existing relationships with staff (Posada, 2006; Cameron, 2006). Additionally, in reality there may be few other agencies with the capacity and processes to respond rapidly to a CI (Cameron et al., 1995).

CI support remains widely appreciated and can be excellent for public relations with schools and communities (O'Hara et al., 1994). As Mallon and Best (1995) highlight:

‘quietly providing an effective, confidential and supportive service which is sensitive to the religious and social needs of the community can do nothing but good for the future perception of our service’ (p.33).

However, the EP profession in the UK is ‘currently undergoing a period of rapid change and uncertainty’ (Gersch, 2009, p.9). Political, economic and social changes currently impact on public services and, as a result, on EPS delivery (Fallon et al., 2010). In 1996, Houghton concluded that ‘some EP services are now concentrating their energies towards the pinnacle of the Cameron pyramid’ (p.67). In the current political and financial climate developing practice that makes the best use of limited time and resources is increasingly important. One EP role already identified as meeting this criterion is the production of guidelines for schools (Cameron et al., 1995). However, as also identified, there is lack of research about EP practice in the production and use of guidelines which this study seeks to address.

2.7 Summary and conclusions of the literature review

The literature review began by considering the nature of CIs and crises. It presented a historical overview of CIs and the development of the role of the EP. The review then

explored literature about the impact of CIs on children, including PTS and PTSD, with specific reference to risk and resilience factors. CI intervention, including specific models, was examined and, having considered the limited evidence base, Hobfoll et al.'s (2007) key principles were introduced as a means of appraising recommendations. Specific actions for CI preparation and response were then considered in the light of these key principles. Finally the review returned to the role of the EP, examining existing practice and considering implications for future development.

Following the literature review the following conclusions are drawn:

1. CIs have the potential to have a significant negative impact on school communities.
2. Timely and effective preparation and intervention, consistent with empirically validated key principles, can promote recovery and protect against debilitating long-term effects.
3. EPs are at the forefront of CI support to schools and are capable of delivering a range of support that makes differing demands on the EPS in terms of time and energy.
4. Producing written guidelines for schools is one of the more time-efficient of the possible roles (Cameron et al., 1995) and so developing practice in this area may be beneficial, particularly in the current economic climate.

However whilst it has been identified that 'a number of EPSs' have produced CI guidelines for schools (Posada, 2006, p.203) information about the prevalence, content or use of such documents is missing from literature.

The current study therefore seeks to address this through a systematic, exploratory study exploring CI guidelines produced for schools by EPs. The study aims to examine current practice regarding guidelines with a view to identifying good practice which may inform future developments.

In order to meet this aim the research questions to be addressed in the remainder of the study are as follows:

RQ1: Do EPs produce CI guidelines for schools and, if so, what is their content?

RQ2: How are guidelines used by EPs in CI support?

Chapter 3: Research Design

3.1 Introduction

Chapter 2 examined the body of literature relevant to the way in which CIs impact on schools; particular reference was made to the role of the EP. Producing written CI guidelines was identified as a potentially effective and time efficient role; however, EP practice in this area has received virtually no research attention. Chapter 3 describes the research design of the current study, which aims to explore current EP practice regarding CI guidelines.

The research questions (RQ) are:

RQ1: Do EPs produce CI guidelines for schools and, if so, what is their content?

RQ2: How are guidelines used by EPs in CI support?

The remainder of this chapter will outline the epistemological position of this study and explain the design and implementation of the research.

3.2 Ontological and epistemological position

Ontology refers to beliefs about the nature of reality; epistemology concerns beliefs about the nature of knowledge and ‘the relationship between the knower and the would-be known’ (Mertens, 2010, p.10). Carter and Little (2007) highlight that the epistemological position taken by a researcher is important because it influences decisions about methodology and consequently, the choice of research methods. The stance taken in this study is one of critical realism (see Archer, Bhaskar, Collier, Lawson and Norrie, 1998, for a detailed account of this paradigm). Critical realism is often described as offering a third way between the two polarised paradigms of positivism and interpretivism (Sayer, 2000; Forrester, 2012). Positivism is based on the premise that there are fundamental laws and absolute truths, in the social, as in the natural world which can be uncovered (Willig, 2008). Interpretivism, sometimes called constructivism, on the other hand, maintains that there are multiple realities, constructed by people as they interact and engage in interpretation (Burr, 2003). Thus, whilst positivist researchers strive for objectivity in an attempt to discover empirical regularities and universal causal laws (Robson, 2011) interpretivists seek multiple perspectives, taking the view that research participants help to co-construct ‘reality’ (Robson, 2011).

Critical realism maintains that objective reality exists (Pawson and Tilley, 2008) however it also accepts that interpretation of this reality is mediated through individual belief systems (Kelly, Luke and Green, 2008). As Bhaskar (1998) highlights, critical realism manages to reconcile the paradox whereby knowledge is a social product of those who produce it, yet knowledge may be about things which exist independently of those who seek to understand. Furthermore, in critical realism, Sayer (2000) asserts, mental concepts, events and processes are considered real entities, rather than simply constructions of the observer. Therefore, as Maxwell (2004) posits, these mental entities can be essential components in explaining individual and social phenomena. Yet, in seeking to understand ‘reality’, critical realism also accepts that knowledge is historically and culturally specific, therefore understanding must take place within the context of individual and societal beliefs and values (Forrester, 2012). In conclusion, critical realism is the epistemological position selected for this study because, as Sayer (2000) states, it combines ontological realism with epistemological constructivism.

3.3 Research methodology

Cresswell (2008) suggests that a qualitative approach is particularly appropriate in research involving ‘an exploration in which little is known about the problem’ (p.51). Current EP practice regarding CI guidelines has previously received almost no research attention and so this exploratory study takes a qualitative approach. Smith (2008) identifies that qualitative research allows in-depth exploration and interpretation of the perceptions and experiences of participants and so can provide a rich source of information that may not be captured by quantitative approaches (Auerbach and Silverstein, 2003). However, qualitative approaches have been criticised: Creswell (2008) notes that qualitative data can be more difficult to interpret, therefore, as Carter and Little (2007) highlight, the risk of researcher bias is greater. Approaches taken in this study to increase reliability, for example the use of triangulation, are discussed later in this section.

This study was conducted in two phases (summarised in table 3.1). Phase 1 involved collecting data, in the form of CI guidelines produced by EPs, from a systematic random sample of EPSs. Data collection in phase 1 addressed the first part of RQ1 by ascertaining the existence of such documents. The second part of RQ1 was also addressed in phase 1 through content analysis of the documents. RQ2 was addressed in phase 2 through semi structured interviews, conducted with professionals using guidelines in CI support to schools, which were analysed using thematic analysis. The research design strategy was flexible as it evolved

during data collection with questions in phase 2 influenced by data collected in phase 1 (Robson, 2011). Due to the lack of any previous research into CI guidelines written by EPs a flexible design that supported ongoing exploration of the subject and generation of qualitative data was more appropriate than a fixed design. The process of data collection and analysis in each phase is outlined later in this chapter. This section will now give more detail about the choice of research methods: content analysis; semi structured interviews; and thematic analysis.

Table 3:1 Overview of design methodology

Research question	Data collection	Data Analysis
RQ1: Do EPs produce CI guidelines for schools and, if so, what is their content?	Documents gathered from systematic random sample of LAs in England and Wales.	Content analysis
RQ2 How are guidelines used in CI support?	Carry out semi structured interviews with EPs in sample of the above LAs.	Thematic analysis

3.3.1 Content analysis

Content analysis was used for qualitative analysis of documents in phase 1. Content analysis is described by Krippendorff (2004) as ‘a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of the use’ (p.18). Graneheim and Lundman (2004) highlight that qualitative approaches to content analysis are often used in education and nursing. Content analysis is congruent with critical realism as it involves the examination of a physical entity (content) while stressing the importance of context, including the purpose of the document, along with institutional, social and cultural aspects.

When content analysis involves existing documents it has the advantages of being both unobtrusive and non-reactive (Robson, 2011). However, content analysis has limitations: it does not, for example, explore the authenticity of the document or the intentions of the writer (Robson, 2011). However the flexible design of this study supported further exploration of these aspects in phase 2.

Hsieh and Shannon (2005) identify three approaches to qualitative content analysis: conventional, directed and summative. Summative content analysis involves counting and comparisons, usually of keywords or content, followed by interpretation of the underlying context. Conventional content analysis, described by Mayring (2000) as inductive category development, tends to be used when existing theories and research are limited as categories are derived from the data rather than being predetermined. Directed content analysis, described by Mayring (2000) as deductive category application, can be applied when existing research is available to help derive initial coding schemes. This study uses conventional content analysis as categories emerged during scrutiny of the documents (inductive category development). This approach was selected because the absence of previous research into such documents meant that the intention was to be open-minded in exploring actual content rather than impose preconceptions about potential content.

Robson (2011) draws attention to the degree of inference required in categorisation, distinguishing between manifest (physically present) and latent (inferred) content. Content analysis in this study was predominantly low inference as it was concerned with the presence or absence of specific information rather than (at this stage) making inferences or interpretations.

3.3.2 Semi structured interviews

Interviews are one of the main methods used in qualitative data collection (Mertens, 2010) and have the potential to provide 'rich and highly illuminating material' (Robson, 2011, p.281). Semi structured interviews were selected for data collection in phase 2 due to their flexibility in facilitating exploration of underlying motives and beliefs (Robson, 2011). Critical realism asserts that these motives and beliefs are real entities (Sayer, 2000) that can be used in context specific explanations of individual and social phenomena (Maxwell, 2004).

Critical realism accepts that research methods can never be truly objective and data collection is a 'social process' (p.30, Forrester, 2012). This 'social process' was viewed as an opportunity to explore mental concepts, events and processes in-depth during the interview process however it was important to maintain awareness of the researcher's, as well as the participants', underlying beliefs, values and assumptions.

3.3.3 Thematic analysis

Data collected using semi structured interviews was analysed using thematic analysis. Thematic analysis was selected for the flexibility it affords to qualitative data analysis in exploratory studies. Braun and Clark (2006) define thematic analysis as ‘a method for identifying, analysing and reporting patterns (themes) within data (p.79). Robson (2011) considers thematic analysis a generic approach however Braun and Clark (2006) state that it should be considered a distinct approach to qualitative analysis. Thematic analysis is highly flexible: it can be used with virtually all types of qualitative data and applied across a range of theoretical and epistemological approaches (Braun and Clarke, 2006). Thematic analysis is used in this study within a critical realist framework. It seeks to analyse the ways participants make meaning of their experiences, recognising the ways in which the social context impinges on those meanings yet retaining focus on reality, including mental entities. The aim is to both reflect reality and to unpick the concepts, events and processes involved.

Braun and Clark (2006) describe a number of decisions in thematic analysis which require consideration prior to commencing analysis. In this study a rich description of the entire data set was chosen, rather than a detailed account of one particular aspect, due to the exploratory nature of the study and lack of previous research. Analysis was inductive or ‘bottom-up’ with themes strongly linked to the data rather than driven by theory. Data was coded *without* attempting to fit it into a predetermined coding frame. This approach requires the researcher to remain conscious of their analytic preconceptions in order, as far as possible, to resist the natural tendency to view and code data according to expectations derived from their own theoretical or epistemological commitments. Braun and Clarke (2006) distinguish between coding at a semantic (or explicit) level and latent (or interpretive) level. This study used latent level analysis and looked for underlying assumptions, ideas and conceptualisations that may inform semantic content. This was made both easier, but also more problematic, due to similarities in professional background of researcher and subject. Consequently it was important that the researcher constantly reflect on the original of emerging assumptions, ideas and conceptualisations, attempting as far as possible to identify only those arising from the data.

Having explained the choice of methodology and research methods the following sections will give details of the process of data gathering and analysis across both phases.

3.4 Data gathering: Phase 1

3.4.1 Research population

The research population was identified as EPSs provided or commissioned by LAs within England and Wales. The study was limited to England and Wales to permit a greater percentage of the total number of LAs to be included. The intention was to gain a representative overview of practice across the 173 LAs in England and Wales.

3.4.2 Sample size

Decisions about sample size used the ‘rule of thumb’ suggested by Merten (Merten, 2010, p.332) indicating a minimum of 30 responses. A target of a sample size of 30 equated to 1 in 5 or 20% of LAs.

3.4.3 Sample selection

Stratified purposeful sampling (Mertens, 2010) was selected for its potential to offer a representative sample. The research population was divided into subgroups based on geographical areas to capture regional variation.

England is divided into 10 administrative regions and Wales is divided into 22 unitary authorities⁵ (Office of National Statistics, 2011). To facilitate proportional representation, 20% of LAs within each region was calculated (to the nearest whole number). For example, there are 11 LAs in the East of England and 9 LAs in the East Midlands, therefore the sample contained 2 LAs from each. Having calculated the total number for each region, a second calculation was made to reflect the proportion of rural to city/urban LAs. For example, the 22 Welsh unitary authorities include eight with borough status (city/urban) and 14 with county status (rural) therefore the sample contained one urban and 2 rural LAs⁶. This was considered important as the two types of LA present different challenges, for example, in rural areas populations may be geographically remote from support services.

Once the number to be selected from each stratum had been calculated a list of LAs within each group was compiled and random sampling was used to generate the final selection. This process involved numbering the LAs in each subgroup and drawing numbers out of a

⁵ As the population of Wales is less than one 10th the population of England (approximately 3 million compared to over 52 million) Wales was sampled in the same way as the 10 regions of England.

⁶ The 32 London boroughs were considered uniform for purposes of sampling.

(metaphorical) hat to select the sample. Given the small numbers in each list (maximum: 32) this was a relatively simple process which resulted in a total of 34 LAs.

3.4.4 Document collection

Contact details were identified using an internet search engine (Google) and LAs were telephoned or emailed to ascertain the name of an EP with responsibility for CI response. A request for participation (see appendices 3 and 4) was emailed to a named individual identified by the initial telephone call/email. Targeting an appropriate named individual was carried out to maximise likelihood of participation and to protect other professionals from time-consuming emails that were not directly relevant to them. Additionally, it was important to make the request of an appropriate member of staff because, for conclusions to be drawn about practice within that LA, it was important that documents provided were current and any additional information given was accurate.

Initial contact generally resulted in a return email submitting the appropriate documents or providing an internet link. In two cases only paper copies of the documents were available and stamped self-addressed envelopes were provided. One LA did not produce written documentation. All responses obtained came directly from an EP with a specialist CI role/responsibility, the head of a CIRT or the PEP (either directly or through an EP or administrator acting with the PEPs knowledge and permission). Where a response was not received a polite email was sent approximately 2-3 weeks later. Fortunately, this coincided with the school holidays, often a less busy period for EPs, and generated a good response.

Documents arrived over an extended time period of almost two months. Document analysis was ongoing throughout this period and so the delay to the overall research was minimal. Detailed records were kept of each contact/attempted contact for organisational purposes, to inform analysis and for ethical reasons.

3.5 Data gathering: Phase 2

3.5.1 Sample criteria

At the beginning of the study three criteria were identified for sample selection for phase 2:

1. Representation of different areas across the country including a mix of rural and urban authorities: balance was considered desirable although with such a small sample it could only be a snapshot and would not be as rigorous as in the earlier sampling.
2. Suitable documentation: the interview aimed to explore the role of written guidelines in CI intervention and so a relevant document was required.
3. Familiarity with guidelines: the interviewee would be questioned about the provenance, purpose and use of the document therefore familiarity in using the document was important and involvement in its production was desirable.

Upon completion of content analysis, two further criteria were added to allow exploration of identified differences in practice:

4. Psychological debriefing: the sample should include LAs representing two opposing viewpoints – for and against PD - identified within the guidelines. This was done to allow exploration of an apparently contentious issue.
5. Multiagency versus single agency response: the sample should represent LAs where CI support was delivered by multiagency CIRTs as well as where EPs acted largely independently.

3.5.2 Sample selection

The research population for phase 2 were respondents from phase 1. The initial request for participation had made reference to phase 2 and asked for expressions of willingness to take part in the interviews at a later date.

Eleven participants from phase 1 expressed an interest in taking part in phase 2. Ten met criteria 2 and 3 and were considered suitable subjects (the 11th was unsuitable as the LA did not produce guidelines for schools).

When taken as a whole the potential interviewees met criterion 4 with (at least) one LA offering PD and (at least) one against it. The cohort was also judged to meet criterion 1 with LAs geographically located in the North, South West, East, Midlands, Wales and London with both urban and rural populations represented.

3.5.3 Participant recruitment

The information sheet (see appendix 4) was re-sent to the 10 subjects who had previously expressed a willingness to be involved in phase 2 along with a request for participation and consent form (see appendices 5 and 6). Participants were asked to indicate informed consent either by signing and returning the consent form or by explicitly stating, in a return email, that they had read the information sheet and consented to take part in an interview.

LAs were numbered according to the order in which agreement to take part in phase 2 was received. Seven participants (LAs 1-7) replied affirmatively within the first week and were booked in for interviews at dates and times convenient to them. During the interview period (after interview 5) another participant (LA8) made contact and was included in the study. Contextual information concerning the type of LA, document and role of interviewee is included in table 3.2 for reference.

Two LAs did not respond to the request for involvement in phase 2 and were not pursued. The decision was taken to halt data collection after interview 8 in line with Charmaz's (2006) concept of 'saturation' that 'gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories' (as cited in Mertens, 2010, p.113).

Table 3.2 Contextual information

	LA	Document	Interviewee
1	Greater London; London borough	28 page manual	SEP
2	Wales; County borough (urban)	76 page resource pack	EP
3	East England; County council	2 separate documents	CIRT coordinator
4	Midlands; County council	6 page information	SEP
5	Northwest; Unitary authority (urban)	1 page key information	SEP/ CIRT coordinator
6	Northwest; Unitary authority (rural)	15 page guidance	SEP/CIRT coordinator (retired)
7	Southwest; County council	34 page advice	SEP
8	Northwest; County council	84 page guidance	SEP

3.5.4 Semi structured interviews

Interviews were used for data gathering in phase 2. Interviews were conducted by telephone and audio recordings were made of each interview with the explicit permission of interviewees. The interview schedule (see appendix 6) was revised following phase 1 to allow exploration of areas highlighted by data analysis in phase 1. Questions were designed to explore the EP role in CI intervention within the interviewee's LA with particular focus on the use and role of the written guidelines.

The interview schedule broadly followed Robson's (2011) format for semi structured interviews: introductory comments; topic headings with key questions and associated prompts; closing comments. Smith and Eatough (2007) point out that semi structured interviews are *guided* by the interview schedule rather than *dictated* by it allowing the interviewer to probe interesting areas. The sequence for questions was flexible however a checklist was kept during each interview to ensure all areas were addressed.

3.6 Data analysis: Phase 1

3.6.1 Criteria for inclusion

The first stage of data analysis in phase 1 involved verifying the existence of documents meeting the criteria for inclusion in the study. Inclusion in the study required the following criteria:

- written document (electronic or hard copy)
- CI as main or major subject area
- written by EP(s) from within the LA
- intended to be read/used directly by school staff

As documents were received they were checked against the inclusion criteria and at this stage a number of documents, particularly those intended solely for internal use by EPs, were filtered out.

3.6.2 Content Analysis

Content analysis was used for data analysis in phase 1. As documents were received they were recorded and numbered; electronic documents were printed to facilitate analysis (see Figure 3.1).

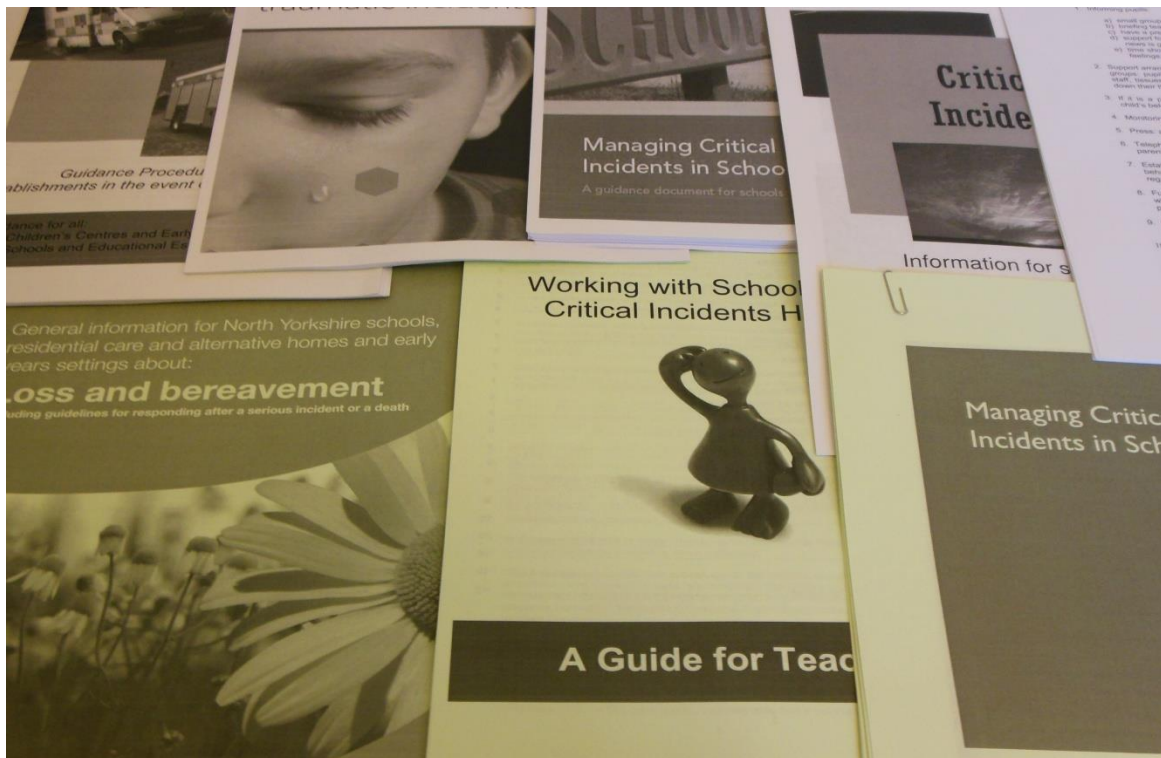


Figure 3.1 Phase 1 data: CI guidelines for schools

Robson’s (2011) stages of content analysis (see table 3.3) were followed:

3.6.2.1 Stage 1: Define research question

Content analysis of the documents was intended to explore the second part of RQ1 (What is their (CI guidelines for schools) content?) which was purposefully broad in the tradition of ‘exploratory data analysis’ (Robson, 2011)

3.6.2.2 Stage 2: Decide on sampling strategy

The documents collected in phase 1 data collection that met criteria for inclusion in the study comprised the dataset; the whole of the texts were analysed.

3.6.2.3 Stage 3: Define recording unit

The recording unit was ‘whole items’ which, depending upon the format of the document, could comprise a sentence or paragraph conveying the same ‘piece’ of information.

3.6.2.4 Stage 4: Construct categories

This stage of analysis began with preliminary exploration of the text involving reading and re-reading individual documents to facilitate inductive category identification. From this various ‘types’ of information emerged (e.g. specific recommendations, booklists, definition of CI). Cross-referencing between documents indicated that certain ‘types’ of information occurred across most or many documents, which generated initial categories, and a working definition was created to provide an explicit specification of category indicators (e.g. ‘recommendation for training/ signposting to training for staff’). Initial categories were then grouped to form ‘super-categories’ which were labelled: document production; support, recommended actions, and additional information.

Table 3.3 Content analysis (p.352-356, Robson, 2011)

Stage	Action
1	Define research question
2	Decide on sampling strategy
3	Define recording unit
4	Construct categories
5	Test coding and assess reliability
6	Carry out analysis

3.6.2.5 Stage 5: Test coding and assess reliability

Coding was tested by application to five initial documents with categories being adjusted and refined during this scrutiny. As the intention was to create exhaustive categories to capture a full representation of the content ‘miscellaneous’ categories were initially set up until all items could be categorised appropriately. Content analysis was conducted at a manifest level and so using a second coder was not considered to be necessary. However reliability was increased through repeated cross-referencing between the documents and adjustments of the categories until all content had been coded.

3.6.2.6 Stage 6: Carry out analysis

Documents were numbered in the order in which they were received. Once exhaustive and mutually exclusive categories had been determined content analysis involving coding based on the final categories was carried out across the whole dataset.

Initial coding involved manually sorting and collating documents; appendix 10 gives an example of an anonymised document. The data for each code was then collated electronically across the entire data set to facilitate comparison between documents. The frequency with which each code appeared within the dataset was totalled and variations within the information were recorded with illustrative quotations highlighted.

3.7 Data analysis: Phase 2

Thematic analysis was used for data analysis in phase 2. Braun and Clark have produced a step-by-step guide to the full process of thematic analysis which was followed in this study (see table 3.4). In addition, Braun and Clark have produced a checklist for ensuring good thematic analysis and the current study was carried out with adherence to these criteria (see appendix 9).

Thematic analysis can be referred to as ‘constant comparison analysis’ (Robson, 2011, p.474) and it is important to note that while all six phases were followed the process involved considerable movement backwards and forwards between the processes rather than following a straight linear progression. Braun and Clark (2006) highlight the importance of clarity on process and practice of method during thematic analysis to allow comparison and/or synthesis with other research. As this is particularly important in the case of an exploratory study into a little researched area the process of data analysis in this study will now be explained.

3.7.1 Phase 1: Familiarisation with data

The initial phase involves immersion in the data through listening, reading and rereading the interviews. Audio recordings were listened to and transcribed. As emphasised by Lapadat and Lindsay (1999) this in itself is an ‘interpretive process’ (p.82). In order to create a close match between the transcript and the ‘reality’ of the interview it was recognised that a rigorous and thorough ‘orthographic transcript’ - a ‘verbatim’ account of all verbal and sometimes non-verbal utterances (e.g. coughs) was required (Braun and Clarke, 2006). Transcription took place as soon after the interview as possible. Non-verbal utterances were

included in parenthesis as they often contributed to interpretation; for example, laughter emphasising ironic intent. Care was taken with punctuation to produce a text that followed the verbal account as closely as possible. Data was anonymised with identifying information removed; for example, reference to a specific individual was replaced by ‘NAME’. LAs were transcribed in different coloured fonts to facilitate manipulation of the data at a later phase.

Each audio recording was played through again in its entirety following transcription and the spoken and written data compared to check accuracy. Transcripts were then re-read several times to facilitate familiarity with the content. Notes were made during the process and by the end of this phase of the process an initial list of ideas had been generated (e.g. schools not preparing, cuts in services) that were revisited and revised in the next phase to form the basis for initial codes and sub themes.

Table 3.4 Phases of thematic analysis (Braun and Clark, 2006, p.87)

Phase		Description of process
1	Familiarising yourself with your data	Transcribing data (if necessary), reading and rereading the data, noting down initial ideas.
2	Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3	Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4	Reviewing themes	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic ‘map’ of the analysis.
5	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6	Producing the report	The final opportunity for analysis. Selection of vivid, compelling extracts examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

3.7.2 Phase 2: Generating initial codes

Transcripts were partitioned into discrete information carrying extracts; surrounding text was retained where it added context. Interesting features were identified across the entire data set and recorded, as initial codes, on individual extracts. Appendix 11 gives an example of a partitioned interview transcript with initial codes.

Where, following Braun and Clark's (2006) advice to code for as many potential themes/patterns as possible, extracts were coded more than once, the extract was copied. Scrutiny of the data suggested the initial codes and so coding was predominantly inductive, driven by data rather than by theory. The coded extracts were printed and separated into individual extracts to facilitate manipulation and sorting of the data (see figure 3.2).

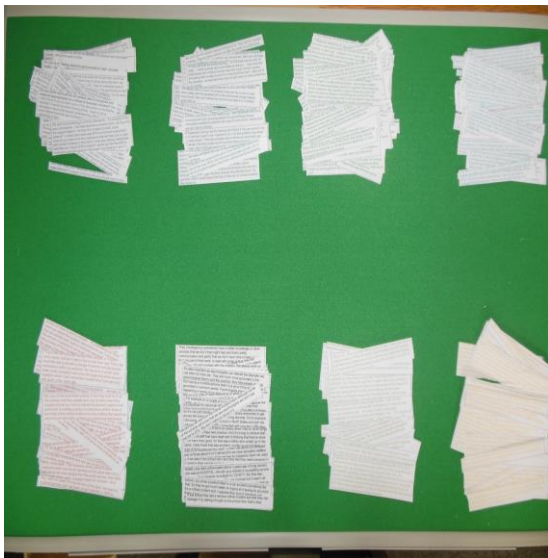


Figure 3.2 Transcripts partitioned into extracts by LA (phase 2)



Figure 3.3 Cross-LA groups collated according to content (phase 3)

3.7.3 Phase 3: Searching for themes

Themes are described by Braun and Clark (2006) as capturing something important about the data in relation to the research question and representing a form of patterned response or meaning within the dataset.

Extracts with initial codes were grouped into overarching subject areas (e.g. 'source of document'). These areas were identified through a combination of initial ideas noted during the first phase of thematic analysis, as well as early sorting and collation of initial codes.

Single word descriptors for these subject areas were written on self-adhesive notes (e.g. ‘source’) and coded extracts were grouped according to subject area (see figure 3.3).

Extracts were re-read and initial codes within each subject area were refined and organised into potential sub themes. This process was extremely time-consuming as it was important to be thorough, inclusive and comprehensive rather than generate sub themes superficially from the most vivid examples.

Once all coded extracts had been grouped according to sub theme the extracts were clipped together and the sub theme were written on self-adhesive notes (see figure 3.4). Coded extracts were collated in envelopes according to sub theme and retained to facilitate an ongoing process of referencing back to the original data set throughout analysis. The self-adhesive notes recording sub themes were grouped around each subject area (see figure 3.5).

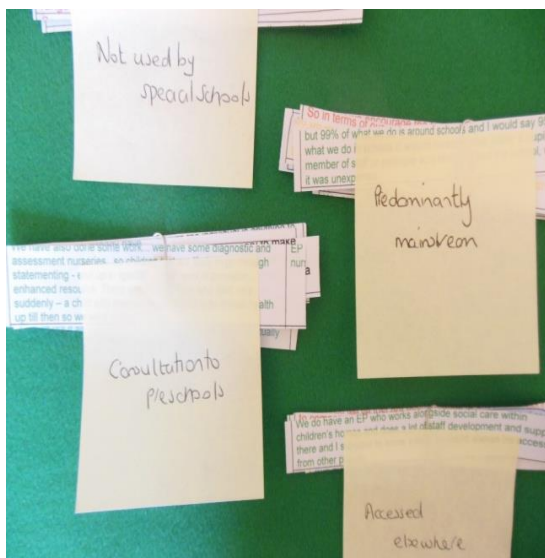


Figure 3.4 Extracts grouped according to sub themes (phase 3)



Figure 3.5 Sub themes grouped around subject area (phase 3)

At this stage audio recordings had to be erased (in line with the timescale given to participants). Prior to erasing, recordings were listened to in totality again and compared against the transcripts. Re-listening, with ‘informed ears’ provided a small but useful amount of subtle inference that contributed to ongoing data analysis.

Sub themes, written on separate self-adhesive labels, were then organised into groups representing possible themes. Potential themes were written onto large self-adhesive labels

sub themes and themes for each super-theme were recorded in tables. Original data was examined for a final time and frequency of sub themes across transcripts was recorded (see chapter 5 tables 5.1-5.3). At this stage, extracts were selected to illustrate, and highlight variations in, sub themes in the report.

3.7.6 Phase 6: Producing the report

Braun and Clark (2006) consider producing and finalising the report as the final opportunity for analysis. The full report can be found in chapter 5.

3.8 Reliability and validity

3.8.1 Reliability

Robson (2011) notes that ‘the general non-standardisation of many methods of generating qualitative data precludes formal reliability testing’ (p.159) however steps can be taken to increase reliability in methods and research practices. Audio recording reliability was enhanced by the use of a second recording made on a backup recording device to minimise problems caused by equipment failure. Transcription error was minimised by replaying the audio recording and rechecking entire transcripts twice after initial transcription with particular checks on the impact of punctuation. Environmental distractions and interruptions were minimal; however, where they occurred (e.g. one interviewee’s telephone failed during the interview), the interview was able to be resumed and completed. Maintaining as consistent an approach as possible to the interviews was important, although this was difficult due to the flexibility of the semi structured approach.

Robson (2011) highlights the importance of ‘not only being thorough, careful and honest in carrying out the research, but also being able to show others that you have been’ (p.159). To promote this an audit trail was kept in the form of a full record of activities conducted while carrying out the study including:

- All contact via telephone, email and post made with and received from participants with date and content details.
- Raw data including electronic and hard copies of documentation and transcripts of interviews (audio recordings were erased at or before the 3 month point to ensure anonymity).

3.8.2 Triangulation

Triangulation is a widely used and valuable strategy involving the use of more than one source to increase methodological rigour (Robson, 2011). Triangulation, for example employing more than one method of data collection or more than one observer, can be useful in countering threats to validity and reliability. However, as Robson (2011) points out, triangulation also opens up the possibility of discrepancies or disagreements between different sources. Triangulation was used during data analysis in phase 2 to improve inter-rater reliability and minimise bias. This study employed ‘observer triangulation’ (Denzin, 1988). A second professional, experienced in the subject matter and with research experience, acted as a moderator, scrutinising the total data set in phase 4. The perceptions and interpretations of the moderator were compared with results of coding and theme identification in phase 2 and adjustments were made in response to the feedback. In this approach discrepancies in interpretation of the data were a valuable part of the process as they prompted re-examination and subsequent refinements to the analysis.

3.8.3 Validity

Although ‘there is no foolproof way of *guaranteeing* validity’ (Robson, 2011, p. 159) actions were taken to enhance validity. Robust sampling methods in phase 1 supported validity and, while sampling methods in phase 2 appeared more serendipitous, the participants nevertheless met the criteria.

In terms of construct validity the interviewer and interviewees all had a good level of prior knowledge of the subject area and a shared understanding of terminology and concepts. Familiarity with the guidance from phase 1 facilitated pertinent questioning in phase 2. Internal validity was enhanced during the interviews by use of probes and prompts which helped maintain focus. Compromises to validity, such as assumptions on the part of the interviewer or use of leading questions, were actively avoided. Accurate understanding of the interviewees’ communication was enhanced by approaches such as reflecting back, summarising and clarifying. Researcher factors (e.g. rapport during interview) were considered (Cohen et al., 2007). Reactivity effects were minimised as participants remained within their own professional environment.

Descriptive validity was enhanced by audio recording of the interview and recordings were listened to and checked against the transcripts twice, at the end of thematic analysis phase 1

and then again at during phase 3 (shortly before they were erased). During reporting, descriptive validity was supported by avoiding inferences and generalisations beyond the scope of the data. Theoretical validity was enhanced through immersion in the literature during the process of literature review and this informed deduction and reflection. Cohen et al. (2007) argue that consequential validity requires that data be used in keeping with the intentions and capability of the research. Finally, the study aimed to meet criteria for catalytic validity (Cohen et al., 2007) by prompting change in practice, both within the home LA and, through subsequent dissemination of findings, to other EPs, elsewhere.

3.9 Ethical considerations

Ethical approval was obtained through Cardiff University in February 2013. In planning and preparation consideration was given to the ethical principles of the British Psychological Society (BPS, 2006) and the standards of conduct, performance and ethics of the Health and Care Professions Council (HCPC, 2008). Actions taken to ensure compliance with BPS and HCPC standards are detailed in tables 3.5 and 3.6.

In addition to actions described in tables 3.5 and 3.6, the following ethical issues were considered. During the phase 1 data collection the researcher was motivated to collect data from as many of the sample as possible; however, the researcher was mindful that those contacted should not feel pressured or hurried into participation. All contact with each LA was recorded separately, with date and details, to allow an individual approach. Reminders were sent via individual, polite and carefully worded emails and limited to a maximum of three attempts to the same individual.

The interviewees were not considered especially vulnerable as they were all senior professionals and the questions related to their professional role and experience. Nevertheless, the study focuses on a highly sensitive area and the emotional resilience and current personal circumstances of the interviewees was unknown to the researcher. Consequently, the researcher remained vigilant throughout the interview process for any signs that the interview was evoking distressing memories or difficult emotions. Immediately prior to commencing the interviews a final check was made that interviewees were comfortable discussing the subject matter at that particular point in time and they were then issued with a 'health warning' reminding them of the need to monitor their own emotional state throughout and, if necessary, request that the interview be halted.

Table 3.5: Actions taken to ensure compliance with BPS (2006) standards.

Standard		Actions
1.2	Standard of Privacy and Confidentiality	Documents anonymised; permission from participants obtained prior to audio recording of interviews; audio recording deleted following transcription (within maximum 3 months); transcriptions anonymised and identifiable only by code retained securely and separately to transcriptions by interviewer.
1.3	Standard of Informed Consent	Participants given information sheet about the research prior to phase 1 and phase 2 (see appendix 4); opportunity given to read information sheet and ask questions (i and ii).
1.4	Standard of Self-Determination	Participants informed of right to withdraw from study at any point without giving reason (ii); participants informed that their data will be destroyed upon request at any point prior to anonymisation (iii).
3.3	Standard of Protection of Research Participants	Sensitive nature of the subject is acknowledged prior to interviews; participants are informed that they may decline to respond to any line of questioning (vii).
3.4	Standard of Debriefing of Research Participants	Participants in phase 2 debriefed at the end of interviews verbally and via a debriefing form (see appendix 6) so that they are aware of possible outcomes of the research; discussion of outcomes will be careful to avoid any misconceptions (ii); debriefing will identify any unforeseen harm, discomfort or misconceptions occurring as a result of the interview and assistance arranged if required (i).
4.1	Standard of Honesty and Accuracy	Research findings will be reported honestly and accurately, acknowledging potential limitations (iii) and claiming only appropriate ownership for the research (vi).

Table 3.6: Actions taken to ensure compliance with HPCP (2008) standards.

Standard		Action
2	You must respect the confidentiality of service users	Where interviewees share examples from their practice all identifiers are removed and identification numbers or pseudonyms used; transcripts are anonymised to protect the confidentiality of service users in each LA; identifiers are kept securely in electronic form separate to the data.
3	You must keep high standards of personal conduct	High personal and professional standards maintained at all times by researcher including during email and telephone communication with other LAs.
7	You must communicate properly and effectively with service users and other practitioners	Information about the purpose of the study communicated to participants prior to commencement; knowledge gained from the research to be communicated to practitioners within home LA and participating LAs in such a way as to be useful for future practice

Chapter 4: Phase 1 Findings and Discussion

4.1 Introduction

Due to the qualitative nature of the study the discussion is embedded within the following two chapters that present the findings. This chapter reports and discusses findings from data collection and analysis in phase 1.

Phase 1 was intended to answer RQ1 (Do EPs produce CI guidelines for schools and, if so, what is their content?). The dataset was comprised of documents meeting criteria for inclusion in the study (see 3.6.1) which were analysed using content analysis as previously described in 3.6.2.

4.2 Do EPs produce CI guidelines for schools?

RQ1 began by ascertaining the existence of CI guidelines written by EPs for use by schools. From the random sample of 34 EPSs, direct contact (via email or telephone) was made with an EP/CIRT coordinator in 30 LAs (response rate = 88%).

This resulted in the following information about the EPSs that responded:

- 97% of the sample (n=29) stated that they offered CI support to schools
- 83% of the sample (n=25) stated that they had produced guidelines intended for circulation to schools
- 65% of the sample (n=22) provided access to guidelines meeting the inclusion criteria

These results suggest that many EPSs in England and Wales currently produce some form of written CI guidelines for schools. This information informs the current understanding of the prevalence of EP support for CIs and production of guidelines for schools at the time at which the information was collected (spring 2013), and is consistent with the literature (see 2.6.3; Farrell et al., 2006; Rees and Seaton, 2011). It is however conceivable, with the current period of ‘rapid change and uncertainty’ (Gersch, 2009, p.9) within the EP profession, that EP involvement in CI response may change in the near future. During collection of the documents one SEP, referring to tensions within their service created by LA’s requirements to generate income, commented:

‘It’s what we aspire to - I don’t know how much longer we’ll be in a position to deliver it’ (LA 13).

4.3 What is the content of CI guidelines for schools?

Twenty-two EPSs provided access to documents meeting the inclusion criteria for purposes of the study.⁷ Documents varied considerably in length (from one to 140 pages) and appearance (from simple black and white word processed documents to highly professional illustrated publications).

Content analysis of the 22 documents yielded 35 categories, which were grouped into four ‘super-categories’:

- document production
- support
- recommended actions
- additional information

The remainder of this chapter will present the findings and discussion for each of the super-categories in phase 1, highlighting issues that require further exploration in phase 2.

4.3.1 Super-category: Document production

Document production was conceptualised as information pertaining to the creation of the document: who produced it, when, how, for whom and for what purpose. Documents were coded for content within this super-category (see table 4.1).

Within this super-category ‘document production’, 5 categories were identified:

- D1: Who?
- D2: Why?
- D3: When?
- D4: For whom?
- D5: How?

⁷ 2 LAs agreed to send documents but did not do so; 1 LA declined to allow access to documentation.

Table 4.1 Content analysis: document production

Category	Definition	Example	Coding	Frequency
Who?	Identification of professional groups credited with writing the text	<i>This document has been produced collaboratively by (LA) County Council's Educational Psychology Service, Learning Skills and Education Department, Emergency Planning Team and LA's Police.</i>	D1	20
Why?	Statement giving intentions in producing document	<i>This booklet is designed:</i> <ul style="list-style-type: none"> • <i>to help schools develop plans to respond to a critical incident</i> • <i>to provide practical guidance and reference during such an event</i> 	D2	11
When?	Date given when document was produced in current form	<i>7th edition 2012/2013</i>	D3	12
How?	Identification of people, organisations or texts credited with providing contributions or evidence	<i>We would like to gratefully acknowledge the advice and information that we have gained from resources produced by colleagues from: Wiltshire Psychological Service ...; Cornwall Child and Family Services; Penhaligon's friends; East Sussex council psychological service; Winston's Wish.</i>	D4	8
For whom?	Identification of groups/ organisations text is intended to communicate with	<i>Guidance for all:</i> <ul style="list-style-type: none"> • <i>Children's Centres and early years settings</i> • <i>schools and educational establishments</i> 	D5	22

4.3.1.1 Document production: Who? (D1)

20 documents identified the groups/individuals involved in writing/producing the document. Inclusion criteria meant that only documents produced with EP involvement were included in the study and content analysis (D1) recorded that:

- 12 documents were produced exclusively by EPs.
- 4 documents were produced by EPs working with professional groups within the LA (e.g. SEN Officers; youth workers; behaviour support advisory teachers).

- 4 documents were produced by multiagency groups that extended beyond the LA (e.g. army welfare, police and school staff).

It became apparent from some of the documents that CI support was provided by a multiagency team. However, the documents provided very little information about the processes and rationale for multiagency involvement. As previously described (see 3.5.1) amendments were made to sample criteria to allow further exploration of this subject during phase 2.

4.3.1.2 Document production: Why? (D2)

11 documents are explicit in their aims and purpose. There is a high degree of consistency across all 11 documents with key elements being the support of the intended audience in:

- understanding the impact of CIs
- planning and preparing for CIs
- practical guidance in managing and responding to CIs
- recovering from CIs
- accessing LA support and other resources

In addition, two documents, possibly reflecting their production by wider multiagency groups, include aims not directly related to emotional/psychological impact such as '*protecting infrastructure and facilities in securing the assets of the school*' (LA1).

It is apparent from these aims that the documents are designed to have a role in CI support, however, what is not apparent is the way in which the written guidelines are intended to be used in relation to direct professional involvement. For example, is it hoped that detailed guidelines might enable schools to act independently and thereby reduce the need for direct EP involvement in CIs? This was identified as a key issue for exploration in phase 2.

4.3.1.3 Document production: When? (D3)

11 documents supplied in spring 2013 give the date that they had been produced or most recently reviewed:

- 1 document had been reviewed in 2013
- 3 in 2012

- 3 in 2011 (1 was revised during the course of the study)
- 1 in 2010
- 2 in 2008
- 1 in 2004 (this document was provided in an annotated form as it was in the process of revision).

With EP CI involvement largely beginning in the 1990s in the UK (see 2.3.4) it may be that these dates are those of revisions rather than initial inception. Further exploration in phase 2 was required to understand the processes involved in the inception and revision of documents. Additionally, while it is not verified, the appearance of paper documents and indications from electronic numbering systems suggest that several of the undated documents are relatively old publications. This has implications for the extent to which content is based on *current* research, which will be explored further in phase 2.

4.3.1.4 Document production: How? (D4)

This category was used for content which identified the source of information used in producing the document. This category was coded in 8 documents and the following source(s) are identified:

- 2 documents identify specific books that were used including ‘Wise before the Event’ (Yule and Gold, 1993) and ‘Safety and Disaster Management in Schools and Colleges (Fulton, 1998).
- 2 documents make reference to research studies that informed the document e.g. ‘*Stroebe, Schut and Strobe’s (2007) paper notes that resilience is a key component in managing grief*’ (LA2).
- 4 documents name voluntary organisations, such as Winston’s Wish and Barnardos, as a source.
- One document identifies military welfare organisations including ‘*the Soldiers, Sailors, and Airmen’s Families Association*’ (LA18).
- 4 documents identify resources produced by other UK EPSs e.g. ‘*Wiltshire Psychological Service and School Improvement and Support*’ (LA7).
- 2 documents identify the experience of their own and other EPSs e.g. ‘*our own experiences, and those of other educational psychology services*’ (LA 6) without providing further details.

Some of the information within the documents may originate within the LA (e.g. information instructing school staff about the process for requesting support). However, most also draw on a wider knowledge base (e.g. good practice in the event of a CI) and there is little indication in the majority of documents about where this information has been drawn from (e.g. author's own research, uncredited sources). This is potentially at odds with the importance of keeping up-to-date with current research (Mallon and Best, 1995) and also raises questions about EPs knowledge of the evidence base (Nickerson and Zhe, 2004). This issue was identified as a key area for further exploration in Phase 2.

4.3.1.5 Document production: For whom? (D5)

All documents identify the audience for whom they are written by specifying the type of organisations for whom support is available. The inclusion criteria mean that all documents are intended for use in schools and this is made explicit; additionally 1 document (LA4) specifies that this includes special schools. 7 documents also specify early years/preschool settings. Only 2 documents specify groups apart from schools and preschools including '*schools, residential care and alternative homes and early years settings*' (LA18). The implication may be that CI support is largely delivered by EPs to schools, which may or may not include special schools and preschools and this issue will be explored in phase 2.

4.3.2 Super-category: Support

Support refers to content that relates to the process for initiating support, guidance as to when to do so and details of the nature of the support that might be expected (see table 4.2). Within the super-category 'support' 5 categories were identified:

- S1: initiating support
- S2: guidance on when to call – definition of a CI
- S3: guidance on when to call – examples of CIs
- S4: outline of support available
- S5: outline of other LA support

Table 4.2 Content analysis: Support

Category	Definition	Example	Coding	Frequency
Initiating support	Contact details and/or numbers	<i>Request for any involvement should go directly to the schools liaison EP or to the Healthy Minds Hub coordinator.</i>	S1	21
Guidance on when to call: definition of a CI	Text describing what is meant by CI	<i>Any sudden unexpected incident which involves the experience of significant personal distress to a level that can potentially overwhelm individuals</i>	S2	18
Guidance on when to call: examples of CIs	Explicitly outlines one or more specific incidents for which the document would be appropriate	<i>Examples may include:</i> <ul style="list-style-type: none"> • <i>Sudden death of someone known to the schools/community</i> • <i>Involvement of pupils and/or staff in an accident whilst out-of-school e.g. road traffic accident, drowning</i> 	S3	14
Outline of support available	Text listing or explaining activities that EPs will undertake in CI response	<i>This may include:</i> <ul style="list-style-type: none"> • <i>a consultation approach to problem solving within the school</i> • <i>a listening ear</i> • <i>telephone contact for advice and support</i> • <i>work with individuals who are upset</i> 	S4	13
Outline of other LA support	Text outlining support available from other LA organisations	<i>youth workers may be a useful contact for secondary schools to help support young people both in and out of school</i>	S5	13

4.3.2.1 Support: Initiating support (S1)

All but one document provide guidance about the process for initiating support in the event of a CI:

- 13 state that schools should telephone the EPS or the CIRT direct; 4 specify the PEP e.g. ‘*in the 1st instance telephone contact should be made via the Principal Educational Psychologist (named/number given)*’ (LA20).

- 8 state that schools should telephone another department in the LA e.g. ‘*schools should contact the County Council Emergency Planning team in the first instance*’ (LA4).
- 17 give the contact telephone number(s) and 3 provide proformas with space to customise with relevant telephone numbers.
- 11 specify that the number is in use for 24 hours a day or provide an alternative out of hours landline or mobile telephone number.

The documents indicate that the principles and process for initiating CI support are in line with previous studies (see 2.6.2) and with Klingman’s (1987) key principles of immediacy and proximity. The prevalence and level of detail of coding in this category indicates that the documents are intended to facilitate access to CI support in some, if not all, incidents: a supposition that is further explored in phase 2.

4.3.2.2 Support: Guidance on when to call - definition of a CI (S2)

All of the documents provide some clarification of the type of event/situation that the guidance covers by providing either a definition or examples or both.

16 of the 22 documents give a definition of a CI (see figure 4.1):

- All highlight a precipitating event using terms such as, sudden, unexpected, unpredictable, acute or ‘*out of the blue*’. One (LA2) defines this as ‘*usually*’ sudden. LA20 describes ‘a ‘*significant and severe event*’ and LA6 uses the term ‘*tragic*’.
- 14 definitions describe the impact on individuals such as, personal acute and/or prolonged distress, traumatisation, stress, grief/loss, shock and emotional/behavioural reactions. LA19 specifies that the event would be ‘*traumatic to anyone*’.
- 14 emphasise that normal coping mechanisms are overwhelmed e.g. ‘*arising with little or no warning on a scale beyond the coping capacity of the school operating under normal condition*’ (LA19).
- 5 documents draw attention to organisational consequences: 3 include this in addition to the impact on the individual and 2 only highlight organisational consequences e.g. ‘*an incident might be designated as a critical incident where the result is likely to have a serious impact upon the school, as serious disruption to the running of the school, or significant public and/or media attention on the school*’. (LA1).

- 3 documents specify real or perceived threat e.g. ‘Such incidents may be horrifying and evoke reactions of intense fear and helplessness. They usually involve the perceived threat to one’s physical integrity or the physical integrity of someone else. Importantly they undermine a person’s sense of safety, security and competency in the world’ (LA16).

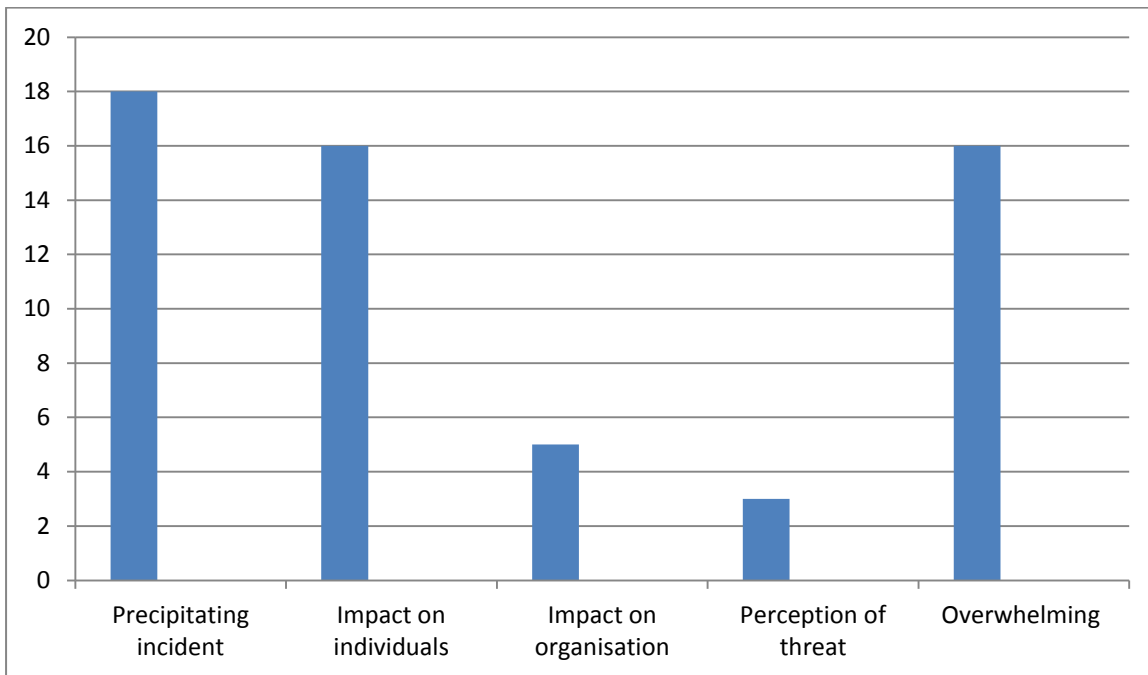


Figure 4.1 Criteria identified in definition of a CI

Some consistency within the definitions was anticipated, however in two pairs of documents wording is almost exactly the same; in neither case is there an obvious geographical link or source cited.

All definitions are consistent with those found in the literature (e.g. Houghton, 1995; Carroll et al., 1997; McCaffrey, 2004) as previously discussed (see 2.2.1). They are also in line with the majority of the principles that identify a crisis (see 2.2.2): impact on the individual, overwhelming of normal coping strategies and acute nature of event. The criterion of ‘perception of threat’ however is less evident in the definitions possibly because this is considered implicit in other aspects of the definitions such as shock or trauma. The emphasis on the impact on individuals rather than organisations may potentially lead to events such as those impacting on single members of the school community (e.g. anticipated bereavement of an individual pupil) being identified as CIs.

4.3.2.3 Support: Guidance on when to call - examples of CIs (S3)

The majority of documents (18) explicitly distinguish between school based CIs and major emergencies. The link with the LA emergency planning team (which has various names in different LAs) is highlighted:

'If there were a major disaster then all of our work would be led by the LA emergency planning team' (LA 13).

Four of the documents categorise CIs into levels depending upon severity:

- Level 1: major emergency, national impact, high media interest requires immediate coordinated response e.g. large scale disaster.
- Level 2: major critical incident, possible media coverage, sudden and traumatic, large numbers involved, possible emergency services e.g. death on school trip requires immediate coordinated response.
- Level 3: critical incident, school needs advice but able to cope, low impact on majority of pupils e.g. anticipated death requires limited response.⁸

Many documents refer to the range in the scale of CIs. Occasionally national disasters are explicitly referred to e.g. *'major disasters such as Lockerbie, Hungerford, Herald of Free Enterprise, Dunblane'* (LA19). The reasoning behind highlighting such major disasters is occasionally made explicit e.g. *'although, thankfully, we have not experienced this in (name of LA), we also want to ensure that we are prepared for a major emergency'* (LA2). Documents also draw on recent local CIs as examples: *'meningitis death of a primary age pupil'* (LA20). LA15 highlights (in a sentence reminiscent of Yule and Gold, 1993) that: *'regardless of the scale the effects on individuals involved can be devastating'*.

14 of the documents give specific examples of qualifying incidents/events (see figure 4.2). Many involve the death of a student, staff or other member of the school community through incidents such as sudden accident, murder, suicide or terminal illness. Others include nonfatal incidents such as serious accident/injury to students or school staff on or off school premises.

In some examples the cause of the incident is specified including an accident (e.g. fire, flood, traffic accident, laboratory explosion, building collapse) or intentionally generated (e.g. violent assault, vandalism, abduction, hostage situation). Some specify disasters in the wider

⁸ One document (LA12) reverses this numbering system describing a major incident as level 3

community that may impact upon a school population (e.g. terrorism, severe weather, release of hazardous substances, civil disturbance, public health threats such as pandemic influenza). One document (LA21) specifically focuses on ‘*critical incidents of self harm and suicide by young people*’.

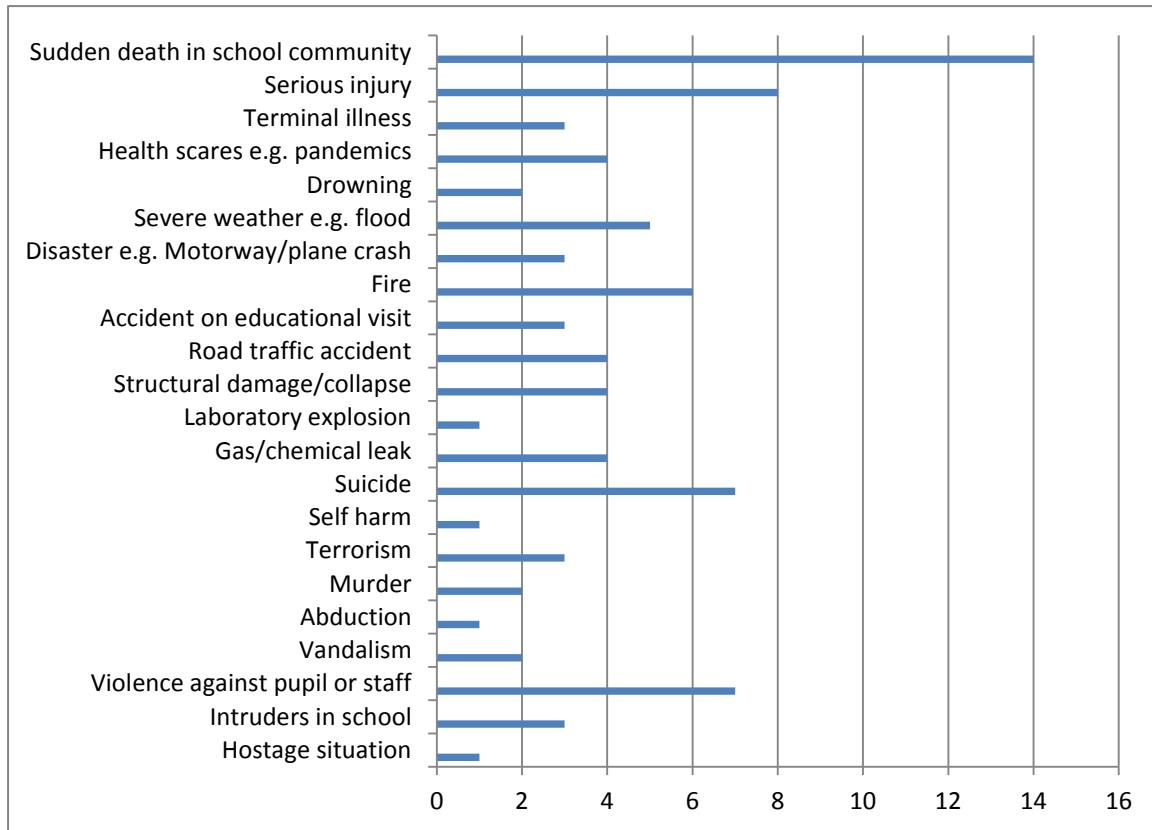


Figure 4.2 CIs specified as examples within the documents

A small number of documents (4) allow for unspecified incidents/events, e.g. ‘*any other sudden and unusual event which may upset the emotional well-being of pupils and staff and interfere with the smooth running of the school*’ (LA16).

Two of the documents produced by multiagency LA groups (LA1; LA 4) widen the remit to include incidents impacting upon the organisation of a school that do not necessarily have any psychological or emotional implications (e.g. loss of water or heating). Documents produced by EPSs/CI teams do not mention such causes and on occasion explicitly exclude them: ‘*the critical incident support line is not for events like boiler failures or loss of water*’ (LA2).

One document gives examples of other types of event that would not qualify as a CI e.g. *‘expected death of a pupil or member of staff’* (LA4).

Specific examples, used in place of or in conjunction with definitions of a CI, may support appropriate identification of a CI and thereby reduce inappropriate requests for EP support. The issue of school staff understanding what constitutes a CI will be explored further during phase 2.

4.3.2.4 Support: Outline of support available (S4)

The documents were analysed for content that informs schools about, and sets up expectations of, the role of the EPs and CIRT members in CI support.

Nine documents focus primarily on actions to be taken by the school and, although 7 of these provide contact details and/or identify *‘contacting and liaising with the LA and LA support services’* as an action, they do not give details about the nature of support from LA services.

The remaining 13 documents specify the nature of available support.

In all cases this involves initial telephone contact and advice and, where appropriate, deployment of time-limited on-site support:

‘the critical incident coordinator will be able to talk with you about any immediate actions you need to take, and if you feel that you would benefit from an additional support in school, this will be made available to you’ (LA 2).

Consistent with the literature (see 2.6.2) immediacy of support is highlighted in some of the documents, e.g. *‘provide an EP on-site within 24 hours of being notified of incident’* (LA5) and *‘(EPs) can visit the school immediately to advise and support staff’* (LA19).

Documents identify that support is often both practical and emotional e.g. *‘information and advice about action, together with moral support and a trusted sounding board at a difficult time’* (LA6).

13 documents name specific types of support; the most commonly identified are given below (with the frequency in parenthesis):

- advising on actions to be taken (10) e.g. *‘talking through ‘the whole process’* (LA20)
- advising about understanding and managing emotional/psychological responses (10) e.g. *‘advice on the management of grief and loss in school, including coping with*

strong emotions such as anger, and providing sympathetic and effective pastoral care' (LA3)

- advising about warning signs of vulnerability and helping with identification of vulnerable individuals (8) e.g. *'support and identifying risk factors and vulnerable individuals who will require monitoring'* (LA1)
- promoting and supporting preparation (6) e.g. *'team members provide a regular cycle of visits to schools to ensure their continued readiness'* (LA10) and delivering training e.g. *'schools are strongly encouraged to make use of the training offered by the critical incident support team'* (LA2)
- signposting to other services/resources (11) e.g. *arranging support for staff members through Occupational Health Department'* (LA7)
- giving direct support to traumatised individuals (9) e.g. *'EPs can offer direct support to pupils and/or staff (individually or in small groups)'* (LA17)

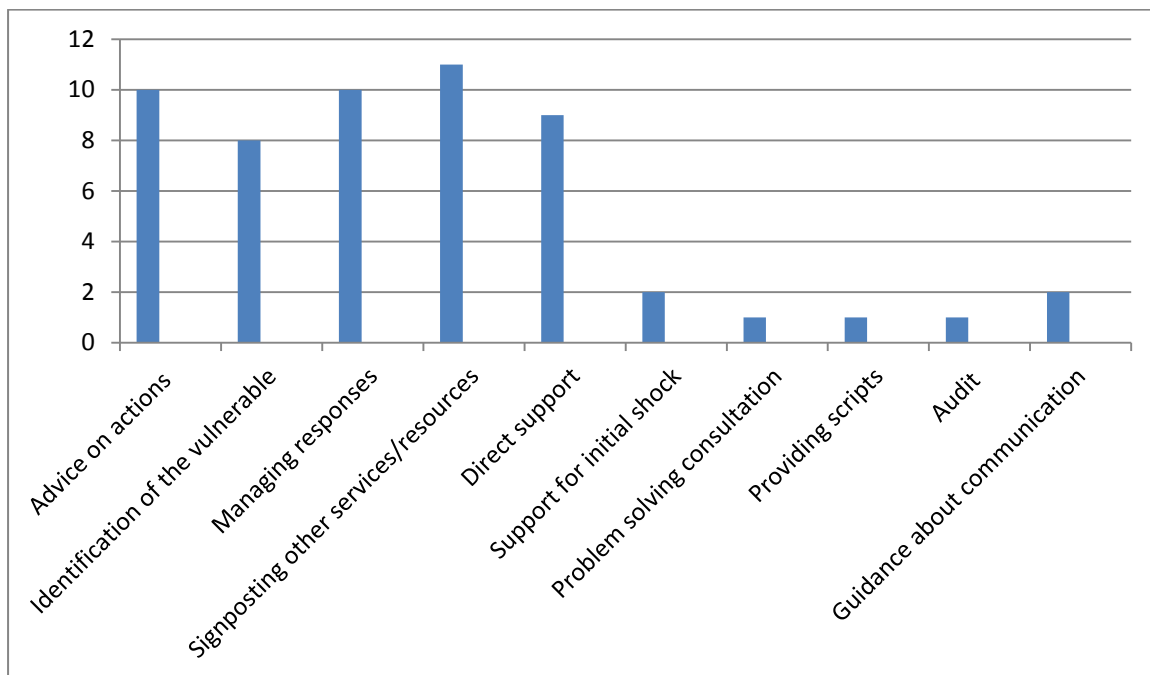


Figure 4.3 Frequency of specific types of support

Other, less commonly, cited types support specified are:

- supporting staff to deal with the initial shock and re-establish normal routines (2)
- problem solving using consultation (1)
- providing scripts for counselling, relaxation and debriefing (1)
- providing guidance on written and verbal communication (2)

- carrying out a audit of needs/resources (1)

The majority of roles outlined in the documents are consistent with recommendations in the academic literature that EPs should act as consultants and facilitators drawing on internal resources to build capacity (see 2.6.3.3). However, many also allow for direct work, perhaps mindful of a need for ‘teacher timeout’ (Sorenson, 1989) as well as the potential of therapeutic concepts and techniques drawn from psychology to support individuals.

Of the 9 documents that specify direct work:

- 4 use the term ‘debriefing’ e.g. ‘*arrangements for the debriefing of children and staff*’ (LA6)
- 1 specifies ‘*structured group debriefing*’ (LA14)
- 1 refers to ‘*psychological debriefing*’ (LA20)
- 1 states that ‘*it may be necessary to arrange more formal Critical Incident Debriefing Sessions*’ (LA7)

With the controversy surrounding debriefing (see 2.5.4.7) it is perhaps surprising that it is specified within the documents. In some cases the term may be used in a less definitive sense to represent supportive CI focused discussions with individuals or groups. The specification of a formal model of debriefing was identified as an issue for further exploration, and sample criteria for phase 2 were adjusted to facilitate this.

In contrast, 4 of the documents explicitly rule out debriefing, for example:

‘this work generally involves providing a safe space for those affected by a critical incident to talk through and understand their immediate feelings. It does not involve bereavement counselling or debriefing’ (LA15).

Other documents are also clear that the role does not involve counselling:

‘the CIRT is not a team of ‘counsellors’ (LA11).

This explicit stipulation suggests that there can be misunderstandings about counselling support following CIs and this is acknowledged by one document:

‘it is common for the media and public to associate the response to critical incidents with counselling. This is used as a generic term and does not reflect the research’ (LA16).

In summary, documents indicate that the CI support offered consists of prompt access to telephone advice followed, where appropriate, by emotional and practical on-site support at an organisational, group and individual level. Phase 2 will explore whether this is consistent with actual practice and with school expectations. Areas where inconsistency was detected (direct work with students, debriefing, and counselling) will receive particular attention.

4.3.2.5 Support: Outline of other LA support (S5)

13 documents outline support available from LA staff/departments in addition to EP/CIRT support:

- The most commonly cited LA Department is the press office/communications team and all 13 documents recommend accessing support on dealing with the media e.g. *'you should contact the press office (telephone number given) to get advice BEFORE making any statements to the media'* (LA 5).
- 5 documents refer to a LA Department with responsibility for employee welfare, e.g. *'Employee Welfare Counselling Service'* (LA 10).
- 2 documents refer to support for secondary school students from youth workers.
- 2 documents identify that social services should be contacted *'if there could be a child protection issue'* (LA12).
- 2 documents make reference to police advice e.g. *'in the event of a fatal, or very serious, incident involving the police, you should ask the police for advice and guidance. Any reference to police activity should be checked with...'* (LA 6).

The prevalence of reference to the LA press office/communications team may be a reflection of awareness of the media's role in framing the perception of events (Doka, 2013, as discussed in 2.5.4.2). Aside from this, relatively few additional agencies are referred to, which is at odds with Farrell et al.'s (2006) assertion of emotional support following crises involving EPs 'alongside a range of partners' (p.43). As previously highlighted, the extent to which the CI response is multiagency, in line with NICE guidelines (2006), will be explored further in phase 2.

4.3.3 Super-category: Recommended actions

The super-category 'recommended actions' comprises 19 categories:

- R1: staff training
- R2: in school preparation
- R3: prevention and protection
- R4: emergency/immediate response
- R5: identification of vulnerable individuals
- R6: re-establishing routine
- R7: organising a memorial project/event
- R8: designating rooms
- R9: informing staff
- R10: informing students
- R11: informing parents
- R12: contact with bereaved/injured
- R13: support for students
- R14: support for staff
- R15: contact with media
- R16: managing social media
- R17: funeral attendance
- R18: support for reintegration
- R19: long-term actions

All but one of the documents (LA10) contain recommendations about school actions in response to CIs. There is considerable variation both in the way in which information is presented and in the level of detail provided.

The variety of approaches includes:

- Identifying actions that should be taken without giving details e.g. *‘inform all pupils in the most appropriate way (the critical incident team can assist you with this)’* (LA4).
- Raising decisions/considerations associated with the action without specific guidance e.g. *‘who will give the news and what should be said?’* (LA1).
- Making recommendations about the best way to carry out an action without explanation e.g. *‘avoid closing the school unless there is overwhelming pressure’* (LA15).

- Accompanying recommendations with explanations of the rationale e.g. ‘*this is often best done in small groups.... The reason for this is that it allows children to ask questions, and can be better supported individually*’ (LA2).

Table 4.3 Content analysis: recommended actions

Category	Definition	Example	Coding	Frequency
Staff training	Recommendation for training/ signposting to CI training	<i>Schools are strongly encouraged to make the use of the training offered by the critical incident support team. The latest training will be published...</i>	R1	15
In school preparation	Recommendations for preparation measures e.g. team, plan, resources	<i>Carry out simulation exercise to explore how a critical incident might unravel.</i>	R2	9
Prevention and protection	Recommendations about supportive school ethos; proactive curriculum measures and/or suicide or violence prevention	<i>Consider the inclusion of skills projects within PSHCE concerned with cycle of life and death</i>	R3	9
Emergency /immediate response	Actions identified that should be carried out immediately or as soon as possible	<i>Call emergency services if appropriate Gather accurate information about the incident and open a log...</i>	R4	16
Identification of vulnerable individuals	Guidance about factors in vulnerability and recommendation to identify and monitor/support individuals	<i>...it is known that children who are themselves emotionally vulnerable may be particularly susceptible to adverse reactions even when they were not directly involved.</i>	R5	16
Re-establishing routine	Advice to maintain normal routines	<i>Providing a familiar structured routine. An element of ‘business as usual’ can be reassuring...</i>	R6	20
Memorial projects and events	Principles of organising project/event and/or suggested activities	This could take the form of a service or ceremony, piece of equipment or furniture, an award, an area of the sports grounds etc.	R7	13
Designating rooms	Designating areas for specific actions or groups e.g. room for distressed students	<i>It is helpful to provide a quiet, private place for pupils to go to.</i>	R8	10
Informing staff	Recommendation to inform the staff group as a whole	<i>It is vital that all adults in contact with pupils are kept well informed and feel secure in handling questions and comments.</i>	R9	20

Informing students	Guidance as to how children should be informed	<i>Have teachers provide information directly to their pupils, not during the public address announcements or assemblies.</i>	R10	19
Informing parents	Recommendation that all parents are informed	<i>Inform parents not directly involved using telephone tree or letter (same day)</i>	R11	15
Contact with bereaved /injured	Recommendations about contact with families of victims/survivors	<i>If a child is critically ill or dies, it will be important that the head teacher contacts, or if possible, visits, the parents.</i>	R12	13
Support for students	Advice on ways of alleviating distress and promoting emotional processing	<i>It can help to facilitate other means of expressing feelings such as painting, drawing, clay modelling, writing, drama</i>	R13	20
Support for staff	Advice on support for staff (in addition to supporting staff to support students)	<i>Arrange debriefing meeting for staff involved in crisis: involve psychology service in care audit</i>	R14	10
Contact with media	Advice about managing contact with the media	<i>Schools are urged to seek advice from the County media relations office on handling the incident and particularly before agreeing to be interviewed or releasing names of children and staff</i>	R15	11
Managing social media	Advice about managing mobile phones and social media	<i>Increasingly, the electronic communication that flows after critical incidents elaborates on what is known and rumours abound. This can be very upsetting for those involved...</i>	R16	5
Funeral attendance	Advice about preparation for and attendance at funerals	<i>Ascertain details of the funeral arrangements. Allowing children and young people to attend the funeral may help in the grieving process.</i>	R17	11
Support for reintegration	Advice on strategies to support reintegration of injured or distressed pupils	<i>Briefing peers who may be able to help in the process of resettling...</i>	R18	13
Long-term actions	Recommendations for ongoing monitoring and future actions	<i>Make a note of the child's birthday. This and other events such as Christmas are likely to be especially sensitive times.</i>	R19	14

Documents were analysed for the number recommending a specific action (frequency). As documents included varying levels of detail, additional specifications were recorded and scrutinised for any inconsistencies. The most commonly recommended actions are illustrated in figure 4.3. In addition, 17 documents make reference to the requirement for cultural sensitivity in carrying out actions.

4.3.3.1 Recommended actions: Staff training (R1)

Staff training in CI response and/or loss and bereavement is recommended in 15 of the 22 documents. 9 documents identify training providers:

- 4 identify training courses delivered by EPS/CIRT
- 2 recommend schools contact EPS/CIRT who will signpost providers
- 1 recommends training from a local hospice
- 2 identify published training materials for schools to use in-house e.g. '*Lost for Words: loss and bereavement awareness training*' (Holland et al., 2005)

4.3.3.2 Recommended actions: In-school preparation (R2)

Recommendations to prepare for a CI by proactively developing a CI plan occur in 9 documents and 7 of these recommend proactively designating roles and responsibilities to a CI team. Other recommendations for a state of CI readiness include preparing a database of contact details e.g. support agencies and parents (3 documents), carrying out risk assessment to identify potential hazards in the environment (2 documents) and simulation exercises to practice procedures (5 documents). With less than half of the documents recommending a CI plan/team it may be anticipated that considerably fewer UK schools might claim the level of preparation recorded in 95% of US schools (Adamson and Peacock, 2007).

4.3.3.3 Recommended actions: Prevention and protection (R3)

Recommendations for actions intended to reduce the likelihood, or mitigate the effects of, a CI are made in 9 documents. Consistent with the body of literature (see 2.5.4.1) advocating curriculum links, 9 documents make recommendations to embed loss, death and bereavement in the curriculum and to prepare related books and resources (6 documents).

The evidence base highlighting the protective qualities of a supportive emotional climate and social connectedness is strong, yet only 3 documents make recommendations about developing a positive ethos or resilient school environment. Whilst some recommendations may be avoided due to controversy over their use (e.g. violence prevention programmes) this does not explain the absence of measures which have empirical backing (e.g. resiliency programmes). Phase 2 explores preparation in schools and EP/CIRT support/advocacy for CI preparation in more detail.

4.3.3.4 Recommended actions: Emergency/immediate response (R4)

The most frequently recommended immediate actions are to establish accurate factual information (15) and to liaise with outside agencies (16).

A number of other specific actions are recommended occasionally in one or two documents:

- contacting the emergency services
- deploying first aiders
- identifying continuing risks
- ensuring the safety of pupils/evacuating unsafe areas
- starting a log of events with times and details of actions
- reuniting pupils with their parents

Emergency actions specified in the documents are largely logical responses to the individual situation (e.g. administering first aid). They are consistent with recommendations in the literature (see 2.5.4.1) and may promote a sense of physical and consequently psychological safety. Establishing accurate factual information along with logging events promotes ‘shared situational awareness’ (Gheyntanhi et al., 2007) and facilitates a proportionate response. Such steps may promote a sense of individual and community efficacy and social connectedness through joint planning, problem solving and action. Hope may be promoted through liaising with outside agencies and soliciting additional support to facilitate recovery

4.3.3.5 Recommended actions: Identification of vulnerable individuals (R5)

Consistent with recommendations in the literature, 16 of the documents highlight the need for identification of vulnerable individuals and/or those most likely to be directly affected by the

incident including those ‘psychologically wounded’ in the CI and those with pre-existing lower resilience. Those specifically identified include:

- individuals who experienced greatest risk/danger
- witnesses
- those emotionally close to victims e.g. siblings
- those experiencing feelings of blame or guilt
- individuals from unstable home backgrounds and looked after children
- individuals with learning difficulties
- individuals with pre-existing emotional, behaviour or mental health difficulties
- individuals who are vulnerable due to cultural and/or language difficulties
- individuals with previous experience of tragedy or trauma

Criteria for vulnerability identified in the documents are consistent with research findings into risk factors for PTSD (see 2.4.10), although given the weight of evidence about social connectedness more emphasis could be placed on social isolation is a risk factor.

4.3.3.6 Recommended actions: Re-establishing/maintaining routine (R6)

Consistent with actions widely advocated in the literature, all 20 documents unanimously recommended that *‘usual routines are re-established as soon as possible’* (LA18). Documents note that creating a *‘haven of normality’* with *‘business as usual’* (LA15) provides *‘security at a time of insecurity’* (LA19). There is also the recommendation in 2 documents that *‘consideration should be given to closing the school on the day of the funeral as a mark of respect’* (LA1). Additionally, *‘if children are very distressed, they may need to go home’* (LA2).

In addition, a minority of documents recommend considering adjustments to the normal routine (frequency in parenthesis):

- adjusting the class registers (2)
- identifying inappropriate content in the curriculum (1)
- potential issues in staffing when a teacher has died (1)
- special arrangements with exam boards (2)

4.3.3.7 Recommended actions: Memorial projects and events (R7)

13 documents recommend that schools organise a memorial involving a tangible focus (e.g. book of condolence, display of artwork, memorial table with collections of mementos/photographs, or flowers) and/or a memorial ritual (e.g. special assembly, lighting a candle, releasing balloons). Some documents give practical advice, for example ‘*care in when and how floral tributes are removed*’ (LA 15). This recommendation is consistent with current literature identifying the importance of acknowledging the incident and victims (Dyregrov, 2008) and the promotion of connectedness and sense of safety gained through ‘reclaiming rituals’ (Rowling, 2010) and grief projects (Fast, 2003).

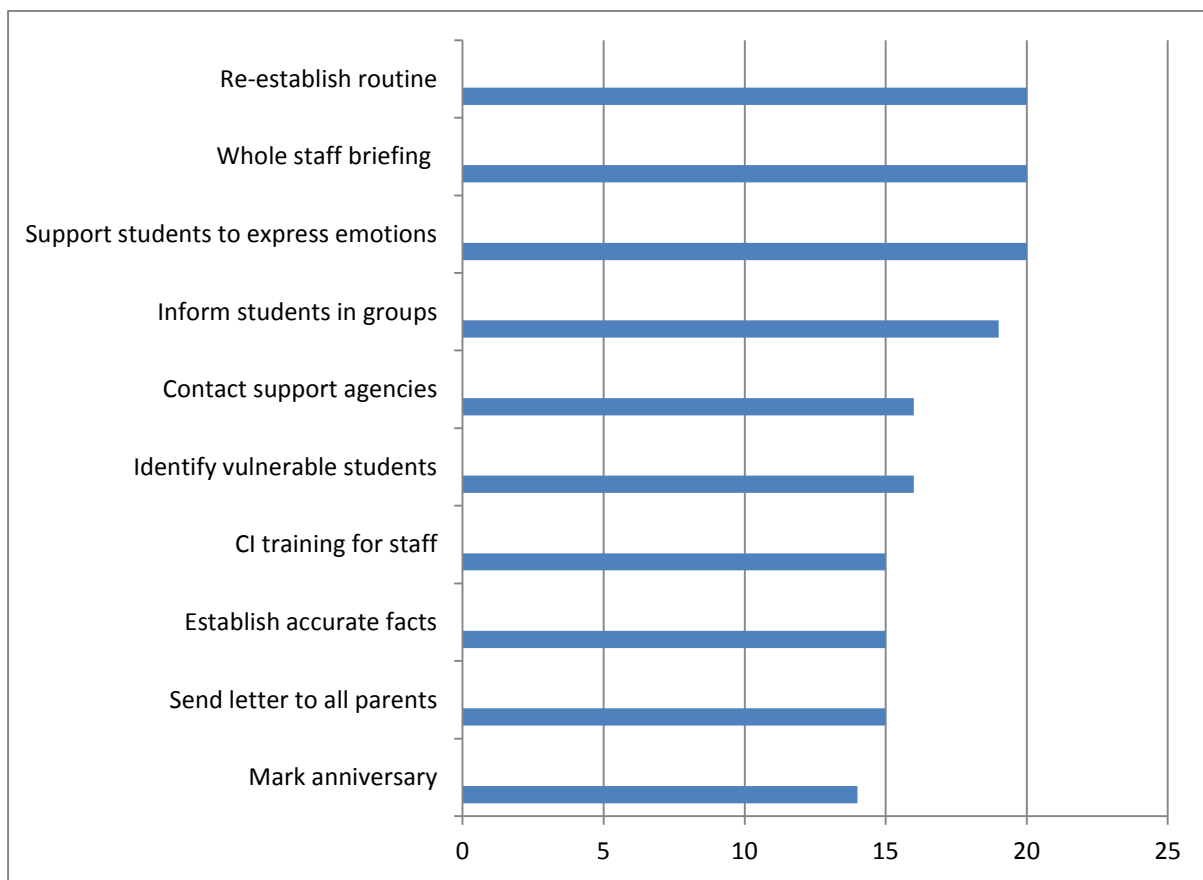


Figure 4.4 Ten most commonly recommended actions

The memorial may ultimately become more permanent e.g. a special garden or sporting trophy and, in harmony with Dyregrov (2008), LA12 highlights that planning such a memorial can be therapeutic. LA4 notes that ‘*appeals and donations are a complex area and advice should be sought from the British Red Cross*’. Consistent with the literature, 3

documents emphasise the need for caution in cases of death by suicide when memorials are not recommended.

4.3.3.8 Recommended actions: Designating areas (R8)

10 documents make recommendations about designating a room or rooms for distressed students e.g. '*identify, and make available, designated places for children to go for time out, or for expressions of emotion*' (LA3). LA9 suggests that this could be '*a place in a classroom with paper, pens, etc.*' Designating a room for distressed students is consistent with recommendations in the literature (2.5.4.6) and can facilitate calming and maintenance of routines elsewhere in the school as well as provide opportunities for social connectedness through emotional processing in groups.

In addition, other recommendations for adjustments to the physical space (frequency in parenthesis) include:

- setting up an incident/operations room (3)
- designating a space for parents (5)
- making '*appropriate arrangements for the part of a school where the incident occurred*' (LA4) when a CI occurs on school premises (1)
- considering seating arrangements when pupil has died (3)

4.3.3.9 Recommended actions: Informing staff (R9)

19 documents make reference to the need to inform all staff of the incident:

- 12 documents state that all staff should be informed as soon as possible – ideally before pupils hear about it e.g. in '*an early-morning staff meeting*' (LA6).
- 4 documents specifically refer to staff not on site.
- 2 specify that non-teaching staff such as administrators and midday supervisors must also be informed.
- 7 stress the importance of regular briefings e.g. '*staff briefings should be undertaken on a daily basis at the beginning and end of each day*' (LA1).
- 2 recommend a short 'debrief' before staff who have been involved go home to '*help combat feelings of isolation or blame*' (LA5).

These recommendations are consistent with the literature (2.5.4.2) that good communication can promote a sense of efficacy (reducing helplessness) and provide a sense of ‘safety from bad news’ (Hobfoll et al., 2007).

4.3.3.10 Recommended actions: Informing students (R10)

19 documents state the need to inform students as soon as possible (after teachers but before rumour spreads) by people that they know and trust. Documents consistently state that children and young people should be told in clear factual language and be allowed time to discuss and ask questions. Four documents contain scripts which can be used by staff to inform students of events.

All documents making recommendations about informing students specify telling them in small groups, e.g. ‘*you might want to inform all pupils in the class groups*’ (LA6) which is consistent with recommendations in the literature.

4.3.3.11 Recommended actions: Informing parents (R11)

15 documents recommend that all parents are informed by letter and 9 provide a sample letter. LA6 recommends that targeted contact is made with parents of pupils who may need additional support.

Most documents recommend that the letter to parents is sent immediately, although LA11 suggests that in some circumstances it may be better ‘*to delay this letter by 2 or 3 days until further information is available*’. One LA stresses that ‘*if there is any possibility of legal liability, police action or a health issue, the local authority’s personnel section and/or health authority should be contacted before the school issues information to parents*’ (LA11). In addition to initial contact by letter, 5 documents refer to an open meeting with parents to give information and advice about supporting their children; an action advocated in the literature but identified as occurring infrequently (Adamson and Peacock, 2007).

4.3.3.12 Recommended actions: Contact with bereaved/injured (R12)

In line with recommendations in the literature, 13 documents advise that contact is made with the family/families of victims/survivors to check facts, express sympathy and in cases of bereavement to confirm parental wishes in matters such as funeral arrangements and personal belongings. While most suggest or imply that contact should be made immediately, LA12

makes the point that in the immediate aftermath of tragedy families may receive too much attention but may appreciate contact at a later date. The headteacher is generally cited as the most appropriate member of staff to make this contact and particularly if the incident involves critical injury or bereavement.

4.3.3.13 Recommended actions: Support for students (R13)

20 documents recognise the importance of allowing and enabling students to express their thoughts and feelings individually, in small groups or in classroom activities. The value of school staff facilitating this is raised in a number of documents and one (LA4) gives detailed advice regarding listening skills. Such recommendations are consistent with the literature on the benefits of acknowledging events, expressing thoughts and feelings, normalising responses and making sense of the experience through emotional processing (see 2.5.4.6). In addition, consistent with recommendations in the literature for creative approaches, 15 documents recommend alternative forms of expression as means to emotional processing (e.g. clay modelling, music, role play, collage).

4.3.3.14 Recommended actions: Support for staff (R14)

Ten documents recognise that *'providing comfort for distressed pupils is a difficult and draining task'* (LA3). They therefore highlight the requirement for arrangements to identify and support vulnerable staff and to provide all staff, including the head teacher, with opportunities and support to manage their own feelings and responses (e.g. *'Ensuring that appropriate support services are offered to staff who have witnessed potentially traumatic events, e.g. counselling services, occupational health services, etc.'* (LA2).

4.3.3.15 Recommended actions: Contact with the media (R15)

11 documents make recommendations about communication with the media including advice to staff and families on responding to contact from the media. This is consistent with recognition of the significant role played in framing the perception of an incident by the way that the incident is reported in the media (Doka, 2007) and the consequences this may have for sense of safety, calming, efficacy, social connectedness and hope.

4.3.3.16 Recommended actions: Managing social media (R16)

5 documents make reference to mobile phones and social media e.g. *'monitor or restrict use of social media and texting or viewing scenes of the event as well as the aftermath'* (LA16). The increasing impact of electronic communication on dissemination of information is acknowledged. However, in line with the dearth of relevant information in the literature, the documents highlight concerns rather than suggest solutions.

4.3.3.17 Recommended actions: Funeral attendance (R17)

11 documents agree that *'current professional consensus is that funerals provide a helpful outlet for shared grief, and attendance is therefore likely, in most instances, to be beneficial to affected adults and young people alike'* (LA12). 3 documents emphasise the importance of preparing students prior to attending the funeral. 3 documents highlight the variety of burial rites in different cultures. With reference to suicide, LA21 highlights that *'the day of the funeral is critical in terms of crisis management'*.

4.3.3.18 Recommended actions: Support for reintegration (R18)

13 of the documents address the issues of reintegration of injured or bereaved pupils. Whilst some make quite a brief reference (e.g. LA19: *'encourage and support the return of pupils most affected'*) others give considerable space to providing advice, such as consulting with the child and family as to what the class is to be told and designating a member of staff for support. Reintegration involves re-establishing routines for the individuals concerned and offers access to the natural support system of the school (Yule and Williams, 1990). LA6 lists reintegration as a medium-term action (i.e. within the first 24-72 hours) and other documents recommend reintegration as quickly as possible or as soon as possible after the funeral. LA18 highlights that in some cases the school may provide respite from other grieving family members.

4.3.3.19 Recommended actions: Long-term support (R19)

The most commonly identified recommendation for a long term action involves marking the anniversary and other significant dates (e.g. the birthday of a deceased child) which occurs in 14 documents and has been found to be consistent with student wishes (Dyregrov et al., 1999).

12 documents recommend ongoing monitoring of students and give guidance about seeking professional help if normal stress reactions do not subside.

Recommendations to review and evaluate CI response occurred in 3 documents.

Other recommendations occurring in only one or two documents include:

- being aware of legal proceedings and their implications
- ongoing contact with the family
- briefing staff who subsequently joined the school about the incident
- where incidents have occurred in primary school ensuring that secondary school staff are fully briefed and trained to ensure continuity of support

4.3.4 Super-category: Additional information

Many of the documents provide additional guidance both in the form of psycho education within the document and by signposting routes for further support (see table 4.4). The super-category ‘additional guidance’ contains 6 categories:

- A1: psycho education
- A2: specific CIs
- A3: addresses and websites
- A4: books and other materials
- A5: sample scripts and templates
- A6: forms and checklists

4.3.4.1 Additional information: Psycho-education (A1)

14 documents provide detailed information on the impact of grief, loss or trauma:

- 14 documents provide detailed information about normal responses to grief, either as part of the document or as an attached resource produced by another agency e.g. ‘*the following pages have been taken from Winston’s Wish pack for professionals*’ (LA7).
- 9 documents provide detailed information about children’s responses to trauma e.g. ‘*common physical reactions during trauma*’ (LA13).
- 9 documents give general strategies to support children in the event of bereavement and/or trauma.

- 10 documents provide detailed information about developmental stages of grief.
- 5 documents make specific reference to children with SEN.

4.3.4.2 Additional information: Sections covering specific CIs (A2)

Recommendations within the documents are largely generic although factors applicable to specific circumstances may be included within the main text. In 7 of the documents however specific types of CI were identified for particular attention receiving separate sections and detailed text and/or flowcharts. These were (frequency in parenthesis):

- suicide (4)
- murder (2)
- missing persons (1)
- pandemics (2)
- floods (1)
- bomb threats (1)
- death or serious injury of Armed Forces personnel (1)

Examination of the information contained within the documents reveals a high degree of consistency in the details and did not identify any suggestions or information that was inconsistent with current research.

4.3.4.3 Additional information: Addresses and websites (A3)

15 documents contained information about other sources of information and support in the form of websites and telephone numbers. The most commonly identified are:

- Child Bereavement UK
- Child Bereavement Network
- Cruse Bereavement Care/ Cruse Cymru
- Winston's Wish
- Samaritans
- The Compassionate Friends

Table 4.4 Content analysis: Additional information

Category	Definition	Example	Coding	Frequency
Psycho education	Detailed information about normal responses (e.g. developmental stages of grief and trauma) and how to manage them (e.g. active listening)	<i>Children's understanding of death at different ages Infants: Death is experienced as absence...</i>	A1	14
Sections covering specific CIs	Specific types of CI are covered in detail within separate sections	<i>Particular circumstances regarding suicide</i>	A2	7
Addresses and websites	Signposts national and local websites, helplines and other means of support	<i>This section will detail a list of available websites, helplines, support groups and books/information sources</i>	A3	15
Books and other materials	Provides a list of books and other materials for adults and children	<i>Bibliography Non-fiction books for children under 7 'Remembering Mum' by... etc.</i>	A4	11
Sample scripts and templates	Sample letters and scripts provided within the document that can be used/customised	<i>For schools to send out to parents in the event of a tragic incident</i>	A5	12
Forms and checklists	Proforma provided that can be populated in preparation for response to a CI	<i>Critical incident record form</i>	A6	9

In addition local websites are identified including:

- Daisy's Dream
- Penhaligon's Friends
- Nelson's Journey

4.3.4.4 Additional information: Books and other materials (A4)

11 documents contain reading lists of books about bereavement including:

- Reference books for adults, e.g. *‘Mary Kelly Perschy: helping teens through grief ISBN 1 – 56032 – 558 – 5’* (LA 13).
- Non-fiction books for children and young people, e.g. *‘My Mother Died by S Wallbank. Cruise Bereavement Care’* (LA 19).
- Fiction for children and young people (e.g. *‘When Uncle Bob Died – Althea Dinosaur Pubs. ISBN 1903285089. Simple clear book for younger primary age children’* (LA15).
- DVDs, e.g. *‘Not too young to grieve: Leeds animation workshop’* (LA7).

4.3.4.5 Additional information: Sample scripts and templates (A5)

12 documents contain the text of scripts and/or letters that can used/customised by the school (frequency in parenthesis):

- sample letter informing parents of a critical incident (12)
- script to inform students of death of a peer (4)
- sample script for media statement (2)
- sample letter informing about CI support and seeking parental permission (3)

4.3.4.6 Additional information: Forms and checklists (A6)

9 documents contain forms that can be completed in preparation for or response to a CI (frequency in parenthesis) including:

- contact sheet to record telephone numbers (5)
- CI plan/action planning sheet (3)
- checklist for actions (3)
- checklist for individual support (1)
- CI log/record form (2)
- record sheet for individual students (1)
- risk assessment template (1)
- record of training (1)

- record of vulnerable students (1)
- evaluation form (1)

4.4 Summary of phase 1 findings

The literature review explored the impact of CIs, approaches to intervention and the role the EP. It found little information about the use of written guidelines except that ‘a number of services have published their guidelines for critical incident work in schools’ (Posada, 2006, p.203). Phase 1 therefore was an explorative study intended to ascertain whether such guidelines were commonly produced by EPSs and, having done so, to explore their content. The remainder of this chapter returns to the research questions and considers what has been learned in phase 1 and what is yet to be discovered.

4.4.1 Do EPs produce CI guidelines for schools?

With little information about CI guidelines for schools in the literature the first part of the research simply sought to verify the existence of such guidelines. Data collection in phase 1 suggests that EPs in the majority of LAs in England and Wales offer CI support to schools and that many are involved in producing CI guidelines for schools. It is acknowledged that these results demonstrate the situation at the time the data was collected (spring 2013).

Content analysis revealed information about the production of these documents and, whilst mindful of the effects of the inclusion criteria of the sample (i.e. EP involvement in guidelines for schools), the following findings are cautiously suggested:

- CI guidelines for schools are often produced by EPs independent of other professional groups.
- Multiagency collaboration may involve advisory staff from the LA education department, school staff, police and welfare organisations.
- CAMHS and agencies within health do not appear to have significant involvement in document production with the exception of guidelines for suicide prevention.
- Guidelines are intended to increase understanding, facilitate preparation, response and recovery and provide access to additional support.
- A minority of guidelines provide evidence of recent production/updating.
- Sources used to inform the production of the CI guidelines are unclear in many cases although where sources are referenced they most commonly include published books,

research studies, third sector and other welfare organisations, other EPSs and direct experience.

- Guidelines are produced for schools and may or may not include special schools and preschools.

Information from the guidelines about the processes involved in production of the document is limited. A number of areas are suggested for further exploration:

- Some guidelines are produced by multiagency CIRTs and phase 2 will investigate the implications of a multiagency as opposed to a single (EPS) agency response.
- Phase 2 will investigate the way in which they are intended to be used in relation to direct professional support.
- Even when documents are dated very few give an indication of the process of inception and revision and this will be examined in phase 2.
- Many documents do not specify their sources and phase 2 will explore the processes by which information is accessed and kept updated
- The supposition that support is predominantly delivered to mainstream schools will be explored further during phase 2

4.4.2 What is the content of CI guidelines for schools?

Guidelines most commonly contain information about the processes for initiating support and recommended actions to take within school, which were included in some form in almost all documents. Additionally, guidelines commonly (defined as occurring in over 50% of documents) contain (in descending order):

- definition/examples of CIs
- addresses and websites for further support/information
- information about expected responses and how to manage them (e.g. developmental stages of grief and trauma; advice on how to support a bereaved child)
- information about support available from EPS/CIRT
- information about support available from other agencies
- sample letters and scripts that can be customised (most commonly a letter to inform parents)
- book lists (both reference and fiction)

Specific actions to be taken in preparation for, response to or recovery from a CI most commonly included (in descending order):

- re-establishing routine
- briefing the whole staff
- supporting students to express their thoughts and feelings
- informing the students in small groups
- making contact with external support agencies
- screening and identifying vulnerable students
- accessing CI training for staff
- establishing accurate facts
- sending a letter to inform parents
- marking the anniversary

Other actions recommended in the majority (over 50%) of guidelines include:

- facilitating memorials and other commemorative projects or rituals
- making contact with the bereaved /injured
- supporting reintegration of students
- long-term monitoring
- liaising with the media
- attending the funeral
- designating rooms for specific groups (e.g. distressed students)
- providing support for staff

The content of the guidelines were analysed in the light of evidence from the literature. With the exception of the reference to psychological debriefing the content was consistent with the existing evidence base regarding the nature and impact (including risk factors) of CIs and the principles of effective intervention including the 5 key principles (Hobfoll et al., 2007).

4.4.3 How are guidelines used by EPs in CI support?

Phase 1 addresses RQ1; however, it provides very little information about how the guidelines are used in practice. The assumption following content analysis is that the documents are primarily intended to facilitate access to EPS/CIRT support and to guide a school's actions in the event of a CI. The relationship and balance between these two actions is not explicit.

Further exploration is required to determine whether this assumption is correct and how far this intention reflects actual practice.

Phase 1 identifies a high level of consistency in factual content but a significant variation in the level of detail, and therefore the length of the guidelines, produced by different LAs. Phase 2 will explore the way in which guidelines are used in CI support and seek to illuminate the relative benefits of comprehensive information versus brevity.

Chapter 5 Phase 2 Findings and discussion

5.1 Introduction

Phase 1 addressed RQ1 (Do EPs produce CI guidelines for schools, and, if so, what is their content?). Content analysis in phase 1 identified the content of guidelines but provided limited information about their use. Phase 2 explores issues raised in phase 1 and specifically addresses RQ2 (How are guidelines used by EPs in CI support?) through semi structured interviews. This chapter contains the cross-LA thematic analysis of the interviews.

As described in chapter 3, thematic analysis was carried out using Braun and Clark's (2006) six phases (see 3.7). The transcripts from the 8 LAs produced 464 extracts and each had one or more initial code recorded against it (3.7.2). Initial codes were organised into 76 sub themes and then further organised into 18 themes (3.7.3). Finally, themes were grouped according to three super-themes (3.7.5):

- Super-theme **CONTEXT** refers to the context in which CI support is delivered.
- Super-theme **CONTENT** refers to the content of the document.
- Super-theme **CI SUPPORT** contains themes that are both context and content related.

Figure 5.1 and 5.1 illustrate the interrelationship of super themes and themes. Tables 5.1-5.3 record themes and individual sub themes across all 8 LAS.

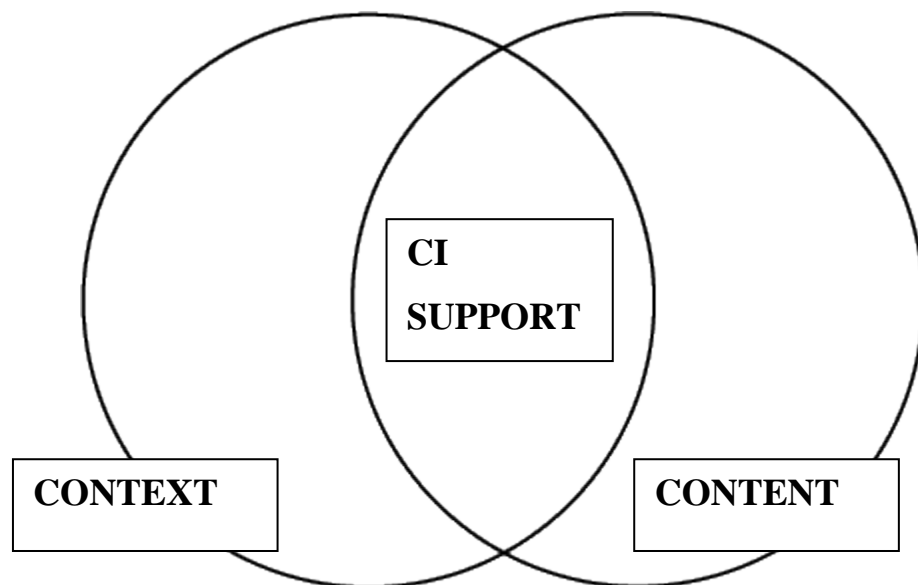


Figure 5.1 Interrelationship of super-themes

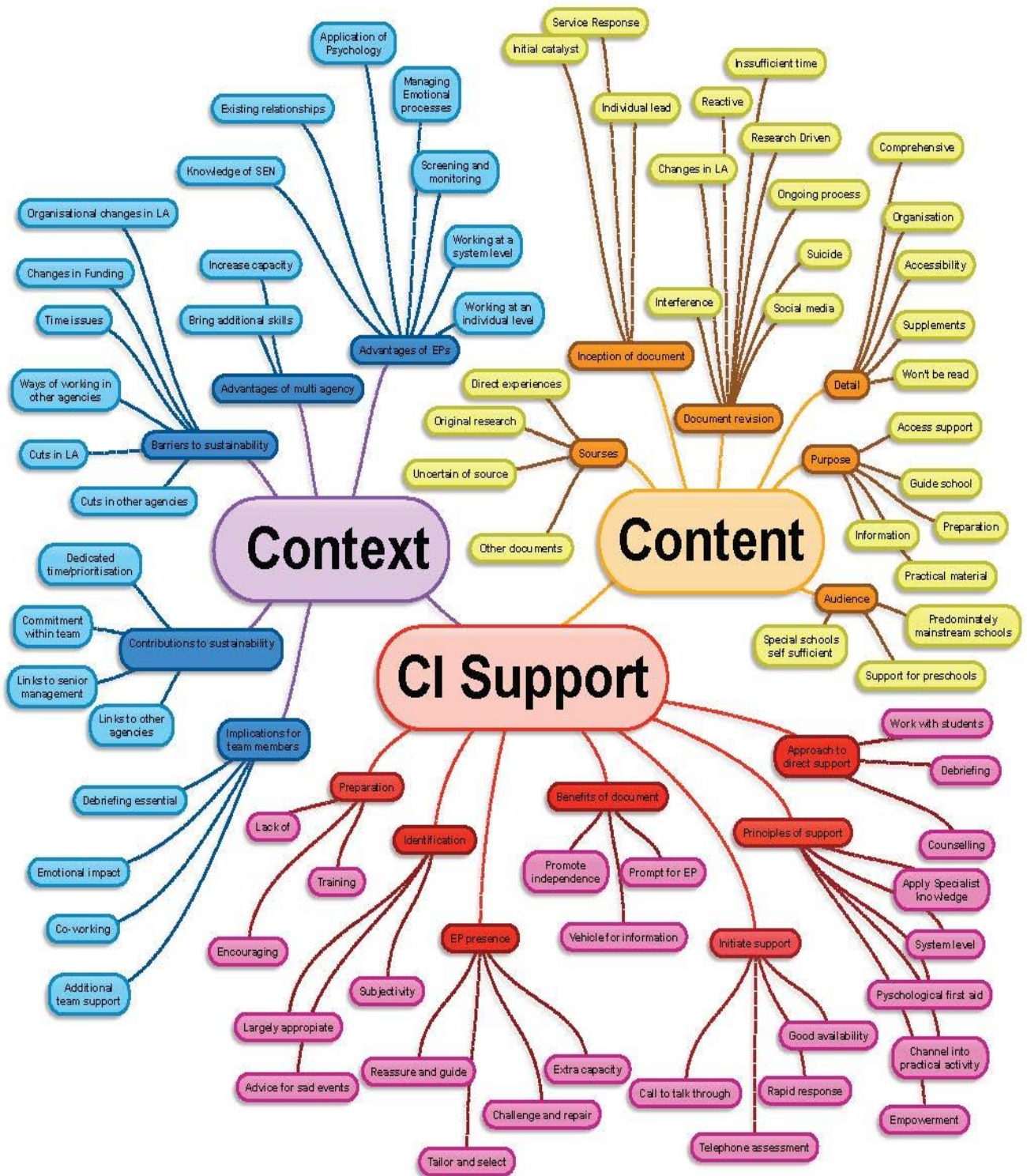


Figure 5.2 Thematic Map showing interrelationship of super-themes, themes and sub themes.

5.2 Super-theme: CONTEXT

23 codes were grouped into 5 themes within the super-theme 'CONTEXT'. These themes do not refer specifically to the document but offer insights into the background context. It is considered important to explore the context in which CI support is delivered to facilitate understanding of the role of guidelines within it.

Within the super-theme: CONTEXT 5 themes were identified:

- barriers to sustainability
- contributions to sustainability
- advantages of multi agency
- advantages of EPs
- implications for team members

5.2.1 Theme: Barriers to sustainability

Under the theme 'barriers to sustainability' 6 sub themes were identified:

- BS1: organisational changes in LA
- BS2: cuts in LA
- BS3: cuts in other agencies
- BS4: ways of working in other agencies
- BS5: changes to funding
- BS6: time issues

5.2.1.1 Barriers to sustainability: Changes to LA organisation (BS1)

BS1 was coded in 6 LAs with interviewees making reference to changes in the structure and management of the LA on CI response:

'to be honest, it's complicated because a not-for-profit organisation was given the remit to run the educational psychology service for 10 years and that contract came to an end last summer and gradually it's going back to the council so it's unclear really who is the main port of call now and that's something that, you know, we're trying to find out about really' (LA1)

Table 5.1 Sub themes and themes for super-theme: CONTEXT

Key: Blank: not coded 1: coded once 2: coded more than once

Theme	Code		Local Authorities							
			1	2	3	4	5	6	7	8
Barriers to sustainability	BS1	LA changes	2			1	2	1	2	1
	BS2	LA cuts		1		2		1	1	2
	BS3	Other agency cuts	1			1				2
	BS4	Ways others work	2	1						2
	BS5	Changes to funding			1	2			2	2
	BS6	Time issues	1	1	1	1	1		2	1
Contributions to sustainability	CS1	Commitment within team	1		1	1			2	2
	CS2	Links to SMT			1	1	1	1		1
	CS3	Links to others	1	2	2	2			2	2
	CS4	Dedicated time			1	2	1	1		
Advantages of multiagency team	MA1	Additional skills					2	2		
	MA2	Increases capacity				1	1			
Advantages of EPs	EP1	Apply psychology	1	1	1	2	2	2	2	2
	EP2	Existing relationship	1	1	2				2	1
	EP3	Systems level	1		2				1	2
	EP4	Individual level	1	1	1		2	2	1	1
	EP5	Screening /monitoring	1				2		2	1
	EP6	Knowledge of SEN		1			1			
	EP7	Emotional process	1						1	
Implications for team members	EI1	Emotional impact		1	2	1		1	1	2
	EI2	Debriefing			2		1	2	2	
	EI3	Co-working		1	2	1	1	1	2	2
	EI4	Support		1		2	1	1	1	

This code was not applied to descriptions of proactive developments from within the EPS/CI team but referred to structural and organisational changes taking place in the surrounding context. It was particularly prevalent in 3 of the LAs where the interviews were peppered with comments such as:

'I link to the director of children's services - or whatever the current title is (Laughs)' (LA5).

5.2.1.2 Barriers to sustainability: Cuts in LA services (BS2)

BS2 was coded in 5 LAs where interviewees made reference to LA services that had reduced capacity or no longer existed:

'I think the sad thing is that from September most of our teachers are being made redundant and the money is going into schools so the teachers will not be part of our service any more' (LA4).

The agencies specifically referred to as having been reduced or removed included advisory teachers, early years staff, youth workers and the behaviour support service. Most references were concerned with capacity for CI *response* but one LA spoke about the impact on proactive preparatory work in schools:

'We used to have a really good RE advisor who wanted to be involved but she was one of the victims of cuts a few years ago so it's kind of got lost.' (LA 8).

One interviewee operating within a CIRT described the impact of reduced capacity in the EPS:

'I think psychologists get involved less than they used to because they just haven't got the time - it's just so hard for them to cancel things - they are so much under pressure because their service has been cut so many times...' (LA4)

5.2.1.3 Barriers to sustainability: Cuts in other agencies (BS3)

The previous theme was echoed in the wider context with BS3 coded in 3 LAs with reference to CAMHS and the voluntary sector:

'I think services have been significantly cut - so our CAMHS - we're losing all our clinical psychologists in the South they are all being made redundant ... I'm devastated by that and we're already noticing that some children who should be with CAMHS are coming to us' (LA8).

5.2.1.4 Barriers to sustainability: Ways of working in other organisations (BS4)

BS4 was coded in 3 LAs and while similar to BS3 in impact the core issues in BS4 are roles and the systems in other agencies creating a barrier rather than capacity:

'Well we don't seem to have dealings with CAMHS which is not good – we have tried really hard but their systems make it really difficult for them to come to meetings outside of, you know, where they're working. It's probably never hits at Tier 3 level. (LA1).

Extracts coded as BS4 referred to CAMHS and voluntary agencies (e.g. Samaritans) engaging in individual rather than systemic work (suicide was the one exception cited) and, in the case of CAMHS only working with individuals with an identified mental health difficulty.

5.2.1.5 Barriers to sustainability: Changes to funding (BS5)

BS5 was coded in 4 LAs where interviewees made reference to changes in the way that their service is funded impacting on delivery of CI support:

'It seems to be going well, there was quite a lot of interest - but with the economic climate we've charged for it which is unusual for our service - everything is usually free - so some lack of uptake was because they said 'it's quite expensive isn't it?' (LA3).

One particular area that was highlighted involved confusion within the LA over funding arrangements with schools changing to academy status:

'I have to say we've had a recent significant glitch in that a lot of our schools, particularly in the south which is my patch, have become academies so we had a suicide, a 15-year-old girl in January, and the head contacted the chief of... senior inspector and his response was 'you're an academy we don't offer you support'. (LA8).

5.2.1.6 Barriers to sustainability: Time issues (BS6)

Extracts that refer to time constraints were coded as BS6 and appeared in 6 LAs:

'It's almost too hard to consider in terms of how much time should we be giving it, how we backfill with other EPs, it's a systemic nightmare' (LA7).

Extracts coded as BS6 indicated that many LAs had insufficient dedicated time for proactive or reactive CI work which included the management role:

‘I’m not sure what the allocation of my time is to it at the moment. I’m only 3 days a week and I’m not sure how much of my time is allocated to this. I have a full complement of schools that I’m a generic EP for. The critical incident part is not even half a day a week, it’s a certain number of days a term and it tends to expand beyond those certain number of days’ (LA5).

5.2.2 Theme: Contributions to sustainability

Under the theme ‘contributions to sustainability’ 4 sub themes were identified:

- CS1: commitment within team
- CS2: links to senior management
- CS3: links to other agencies
- CS4: dedicated time/prioritisation

5.2.2.1 Contributions to sustainability: Commitment within team (CS1)

CS1 was coded in 5 LAs articulating an unsolicited comment indicating they believed CI support should be available to all schools.

Most saw CI response as part of the core service and therefore automatically available free of charge:

‘This is not a traded service we are very clear this is part of the thing we do for the authority for schools’ (LA1).

In LA4 academies contribute financially to the CI response service however lack of subscription would not be a barrier if the need arose:

‘I guess we’d just charge them an increased rate - we certainly wouldn’t say no if the school did want support’ (LA4).

Far from jeopardising CI response reduced capacity in other services (BS2 and BS3) increased commitment to maintaining EPS/CIRT support:

‘Being pragmatic in the day of reduced services that would not come from elsewhere at the moment.’ (LA 7).

Additionally, in one LA a view was expressed that the need for CI support was increasing:

'I think if anything the children we are seeing are just getting more complex they just seem to get more and more needy and more complicated... So I think a loss - an incident of any sort really...just has ... it seems to be having a more profound impact on individual children and on the wider group of children because it taps into their, you know, previous experiences and just complicates their lives even more. So I think there's going to be an increasing need really.' (LA7).

5.2.2.2 Contributions to sustainability: Links to senior management (CS2)

CS2 was coded in 5 LAs that highlighted the importance of the support of individuals who had responsibility for strategic and budgetary decisions:

'NAME is on the senior management team; there always has been somebody on the senior management team to liaise with ... And also to make sure that the profile is kept up so when there are budgetary decisions to be made' (LA6)

5.2.2.3 Contributions to sustainability: Working with other agencies (CS3)

CS3 was coded in 6 LAs where interviewees identified the contribution of other agencies to CI preparation and response. It was identified that issues raised in BS4, such as an individual rather than strategic approach, were less likely to apply in the case of suicide:

'You know the Samaritans but they tend to be more child-based rather than systemically and school focused unless there is a suicide and then they seem to be prepared to do more work systemically' (LA8)

Other agencies were identified as sources of advice in 2 LAs: one cited CAMHS and the other a local hospice:

'And again we'd possibly work with (HOSPICE) on that - that's something that they can always support us with, we can always contact them and asked them what to do in a particular situation' (LA1).

Additionally, in 3 LAs agencies/services were identified that offered support outside of the EP/CIRT role:

'... (we) have good links with the voluntary sector. We have an organisation called (NAME OF CHARITY) who work with families through bereavement and we also have services through Health for children affected by terminal or life-threatening illnesses so we have quite good services in LA for families themselves' (LA4).

One type of support referred to in 3 LAs was individual counselling for students or (through HR) for staff:

'we have a lot of schools that buy in (NAME) counselling service... And you know it's great if you are talking to a school and that's already in place, obviously it's something to signpost students to because it's there' (LA3).

5.2.2.4 Contributions to sustainability: Dedicated time/prioritisation (CS4)

Despite time issues previously raised CS4 was coded in 4 LAs:

'So it is given priority, it is given priority, and their line managers have to agree that they are members of the team and that they can clear their diary if they are needed' (LA6).

In 7 of the LAs this resulted from a prioritisation of resources from within the LA however one interviewee described the benefits of a system where the CIRT was funded directly by schools:

'I think the thing is because schools are funding it we have the leisure of having someone like me who has the time to deal with that - who can make it their priority to do that. I'm sure that makes a difference compared to other services where it is just an extra thing that they do' (LA4).

5.2.3 Theme: Advantages of multiagency teams

Three of the interviewees are based in multiagency CIRTs (highlighted in Table 5.1) and commented on the benefits.

Within the theme 'advantages of multiagency' 2 sub themes were identified:

- MA1: bring additional skills
- MA2: increase capacity

5.2.3.1 Advantages of multi agency teams: Bring additional skills (MA1)

MA1 was coded in 2 LAs where interviewees identified additional skills within a multiagency team:

'Certainly the various team members and the backgrounds they've come from they've all inevitably brought something either just process knowledge about systems and the authority, that I didn't know or oh, just all sorts of different things that they've brought in' (LA5).

Both interviewees identified an understanding of systems within other departments of the LA as a key contribution and one LA expressed an additional skill:

'I think having a multidisciplinary team is a good thing as it keeps it grounded in common sense... I think if they were all psychologists we might just go off on a trolley of our own sometimes' (LA6).

5.2.3.2 Advantages of multi agency teams: Increase capacity (MA2)

MA2 was coded in 2 LAs where it was noted that CI response requires 'a reasonable sized team' (LA4) and including other agencies can supplement capacity:

'Part of the thing about LA is that we have quite a small team really, of EPs... So one factor was the size of the EPS which was quite small and is still quite small' (LA5).

5.2.4 Theme: Advantages of EPs

Within the theme 'advantages of EPs' 7 sub themes were identified:

- EP1: application of psychology
- EP2: existing relationship
- EP3: working at a systems level
- EP4: working at an individual level
- EP5: screening and monitoring
- EP6: knowledge of SEN
- EP7: managing emotional processes

5.2.4.1 Advantages of EPs: Application of psychology (EP1)

All of the LAs identified the application of psychological principles and skills as a central element of CI response. Interviewees in 7 LAs emphasised that this made EP involvement an essential part of CI support:

'It's really where there is an application of the psychological principles that's where it (EP involvement) is key' (LA 7).

However, one interviewee, the only non-EP interviewed, took the view that psychology could equally be applied by team members other than psychologists:

'I think we all have psychological knowledge and apply it in supporting children whether we are kind of trained psychologists or not; we use psychological first aid as a basis' (LA4).

The interviewee emphasised that EP involvement was not considered essential in CI support in LA4:

'the educational psychologists are only a small part of the team in a sense, there's only a couple of them with the advisory teachers and social workers they're not making up the majority of the team they are part of the team like all the other professionals' (LA4).

5.2.4.2 Advantages of EPs: Existing relationship (EP2)

EP2 was coded in 5 LAs where interviewees expressed the view that EPs were well placed to provide support because they already had a working relationship with school staff:

'We still have named EPs for every school so you're building on a relationship that is already there which with other services isn't always the case'. (LA 3).

This was seen as beneficial in delivering support when a CI occurred:

'Well obviously it is support from somebody who the school know and trust already..... Someone with a working relationship with them...' (LA 1).

In addition, one interviewee identified benefits to the ongoing working relationship between school and EP post CI involvement:

'when you have a critical incident I think the relationship between the EP service and the school blossoms and it's enormously helpful in terms of maintenance of those working relationships post the incident' (LA7).

Consequently, the benefits of having someone with an existing relationship normally resulted in the EP for the school being involved in the CI response:

'it's always been from the perspective that it is the school EP's responsibility, that everybody in the service will take ownership of a critical incident issue given that the circumstances are appropriate for that' (LA3).

However, one interviewee commented that, depending on the circumstances of the CI, it may occasionally be unhelpful for someone with an existing relationship to be directly involved:

'However there's also those times that are massive events, that are big newsworthy issues and I think that may be a degree of separation is also helpful because I think it can be very easy to get drawn into all that, particularly if, you know there's somebody that's being accused of something that you actually know quite well' (LA 3).

5.2.4.3 Advantages of EPs: Working at a systems level (EP3)

Interviewees identified a range of skills offered by EPs that are important for the delivery of effective CI response.

EP3 was coded in 4 LAs where interviewees highlighted EP skills in working at a systemic and organisational level:

'I think it does need to be an educational psychologist that does what we do because we talk about supporting the school to recover and I think that while you can apply psychology from different fields that it is the understanding of schools, and education, and systems that is different from people who may be able to offer something similar' (LA 3).

5.2.4.4 Advantages of EPs: Working at an individual level (EP4)

EP4 was coded in 7 LAs where EP knowledge and skills in individual support were cited as indicators for EP involvement, either working directly or advising staff:

'I guess my view is that there are certain elements of the work we do that are very much around needing to be a psychologist...I think a lot of the work when we're working with teachers, when we're talking about working with children, when we're helping them to support youngsters through the process of trauma' (LA7).

One interviewee, working in a multiagency CIRT, commented that EPs demonstrated higher level skills in debriefing and were consequently called upon in more complex situations:

'... If they've been a debriefer and they feel they may not have handled it properly ... We (EPs) are probably better able and better equipped to help them through that - the debrief of the debriefer...Psychologists are much more grounded in the psychological theory and the practice and so they're much better able to help people through those barriers' (LA 6).

5.2.4.5 Advantages of EPs: Screening and monitoring (EP5)

EP5 was coded in 4 LAs where interviewees highlighted the importance of EP involvement in screening and monitoring individuals to support identification of, and support for, extreme or unusual responses:

'We were recently supporting a school and as it happened it was myself and our senior EP that were first line in the school supporting them. There were issues coming up that went beyond what would be the training competence level of most of the other members of the team beside the educational psychologists. So it was individual issues about the effect of trauma, of witnessing an incident that went beyond the kind of basic training that the members of the team have...' (LA5).

5.2.4.6 Advantages of EPs: Knowledge of SEN (EP6)

EP6 was coded in 2 LAs where interviewees expressed the view that EPs offered a more specialist knowledge of SEN than most other disciplines:

'there was a young person who had a diagnosis of autistic spectrum disorder and my colleague worked with them after a critical incident and the way they needed the information packaged was different from the average child' (LA5).

5.2.4.7 Advantages of EPs: Managing emotional processes (EP7)

EP7 was coded in 2 LAs where interviewees identified the emotional processes involved as indicating a need for EP involvement:

'it is about dealing with the emotional process, if you like, which I personally feel very strongly that EPS are best placed to do' (LA 7).

5.2.5 Theme: Implications for team members

Within the theme 'implications for team members' 4 sub themes were identified:

- EIM1: emotional impact
- IM2: debriefing essential
- IM3: co-working
- IM4: additional team support

5.2.5.1 Implications for team members: Emotional impact (IM1)

IM1 was coded in 6 LAs where interviewees spontaneously highlighted the emotional impact of CI response on EPs and CIRT members responding to a CI. One interviewee highlighted the importance of recognising impact:

'...because it's hard, it's emotional and I think it's a bit about where you go into a school and you take a lot of that on board from the school and you're very professional and supportive and that works really well but then it is the next step about recognising that that does have an impact' (LA3).

Interviewees also referred to the intensity of CI response which exacerbated the emotional impact caused by the inherent distressing nature of the work:

'After being in school from 8 o'clock in the morning till 7 o'clock at night - we were expected to drive up to CITY...' (LA8).

All 6 interviewees also identified a need to make allowances for personal circumstances when deciding who would respond to a CI:

'so I feel so strongly but it's such a sensitive issue and people that are going through different things in their own lives at any one time, that we shouldn't force anyone to do it' (LA8).

5.2.5.2 Implications for team members: Debriefing essential (IM2)

IM2 was coded in 4 LAs where the importance of debriefing team members after a CI was highlighted:

'Debriefing with colleagues is a key. It's always the thing that goes if you haven't got time or if you're tired at the end of a long day. We don't give enough importance to that, we always try to do it, but we don't actually give enough importance to that' (LA7).

5.2.5.3 Implications for team members: Co-working (IM3)

IM3 was coded in 7 LAs where interviewees described co-working as the norm:

'Apart from the initial meeting I don't think we ever go in just one because of our own... our own support.' (LA2).

It was highlighted that co-working provided support to the LA staff:

'it's really important even if it's just being able to pop in the room next door where your colleague is and just having 5 minutes with another psychologist rather than being inundated by staff or school pressures and things' (LA3).

However, although a minimum of two responders was considered desirable for the majority of CIs it was recognised that this was not always appropriate:

'We have a lot of very small schools in LA, though that's the other thing that's partly the reason why it is not set in stone that we always work jointly on critical incidents because it could be mob handed if you go to school with 35 children in and 3 teachers and 2 educational psychologist - it's like buses - that in itself heightens everything up rather than being supportive' (LA 3).

Two LAs (LA4 and LA7) described co-working as part of the induction for new EPs/CIRT members who would shadow more experienced colleagues:

'We often use that as a training exercise to take along colleagues who have not been involved in critical incidents before for their professional development' (LA7).

5.2.5.4 Implications for team members: Additional team development (IM4)

IM4 was coded in 5 LAs where interviewees described measures, additional to debriefing and co-working that supported team members in their service delivery and professional development.

Three of the interviewees (LA3, LA4 and LA5) described regular opportunities to review and reflect on support:

‘So we meet once a term we talk to the incidents that we’ve been out on we think about how we supported the school and what we’ve learnt and will also talk about specific topics’ (LA4).

‘We have a constant reviewing process and debriefing – I don’t mean it in a formal sense of debriefing – but we have a process of going over what we learnt this time, what new thing has been thrown at us that we have to learn to deal with, so we have that going on all the time as well’ (LA5).

Three of the LAs (LA2, LA4 and LA6) referred to training opportunities for team members:

‘And in November David Tricky did a training event for schools about traumatic events and psychological effects. And I went to an EMDR conference’ (LA4).

5.2.6 Summary and discussion of super-theme: CONTEXT

5.2.6.1 Sustainability of CI response

The interviewees were asked general questions about the way in which CI support was organised in their LA: there were no specific questions about changes or barriers. The sub themes were generated from codes that emerged spontaneously from the narratives. Sub themes referring to barriers were identified in some form in all interviews and were a dominant theme in four of them. The majority of these sub themes relate to the impact of current political and financial developments within the wider LA context and the general ‘rapid change and uncertainty’ (Gersch, 2009, p.9) within the EP profession. There is a sense throughout that the EP role in CI - possibly consistent with other aspects of EPS delivery - was operating within a constantly changing context. Such changes may be largely driven by financial constraints leading to reduced staffing and services, both in the LA and other agencies and these may lie behind organisational changes within the LA structure and management, and impose additional time constraints. Changes also cause uncertainty and confusion, particularly within large organisations, and this is illustrated most vividly by examples from two LAs of academies being refused support by LA officers.

Time issues are partly linked to reduced staffing and accountability as a result of financial constraints. As one interviewee commented, *‘in this day and age of having to account for every minute of the day’ (LA7)* it is likely to become increasingly difficult to dedicate time especially *‘if you have to complete statutory assessments or whatever’ (LA4)*. By its very

nature CI response is reactive and therefore difficult to plan proactively causing additional stress within EPSs as identified by Farrell et al. (2006).

One barrier, ways of working in other agencies, is not perceived as a recent problem created by current changes and one interviewee expressed the hope that '*maybe with all the new legislation things will change*' (LA1). The issue is consistent with Cameron et al.'s (1995) study that identified almost identical issues with both CAMHS and voluntary organisations impacting on CI response by EPs nearly 20 years ago.

Sub themes about sustainability were also generated from codes that emerged spontaneously from narratives elicited by general questions. Thus, not only is commitment to the EP role in CI implicit in all of the interviews with EPs, the explicit articulation of this view has increased credibility as it emerged unprompted. Sample selection for phase 2 increased the chances of individuals taking part who had a commitment to sustaining CI response and the interviewees themselves may be key to sustaining CI response within their LAs: an unanswered question remains regarding commitment from other EPs and within other authorities.

The stress and emotional impact on EPs/CIRT members was openly acknowledged. Specific links were made to internal processes and practices (e.g. debriefing, training opportunities and co-working) that supported individual team members. Such processes might therefore be considered important factors in sustaining a resilient CI team with the capacity to respond effectively.

Additional sub themes signalled areas to be nurtured in the interests of sustainability. With reduced resources, a clear understanding of the support offered by other agencies and the interface between them and the EPS/CIRT is important to facilitate a multiagency response (as recommended in the NICE guidelines, 2006) and support effective signposting. Furthermore, with increased competition for resources within the LA, awareness and support from senior management becomes increasingly important, especially where there are budgetary decisions to be made.

Most LAs represented in phase 2 deliver CI support to schools and other settings without charge despite the current move towards 'traded services'. Charging schools for CI support would be contentious and most interviewees expressed their opposition to it. One LA (LA4) had developed a traded CI service which schools could buy into although, in the event of a

CI, schools that had not 'bought in' would not be refused support but would be charged for it retrospectively. In this way the CIRT circumvented funding issues within the LA and was able to maintain a CI coordinator with sufficient time allocated to the service.

5.2.6.2 Multiagency versus EPS response

Practice regarding the deployment of staff varied across LAs. In 5 LAs CI support was delivered by EPSs and, unless there were specific reasons to indicate otherwise, the school EP would usually be expected to be involved. A pre-existing relationship was viewed as helpful in CI support and EPs may be one of the few LA agencies that retain such links with schools. References to the emotional impact on the EP/CIRT member were unsolicited but frequently raised as an issue; the importance of support from co-working and debriefing was highlighted. One EP working within a multiagency CIRT expressed the view that EPs were '*much better able*' (LA 6) than non-EPs to debrief colleagues effectively

Three interviewees came from multiagency CIRTs which contained professional groups such as social workers, education welfare officers, advisory teachers, early years staff and youth workers. All 3 expressed the view that support from a multiagency team had advantages over an exclusively EPS response due to the knowledge and approaches offered by a broader range of disciplines as well as the increased capacity to deliver the service.

Within the multi agency CIRTs 2 of the interviewees were EPs and were of the view that the distinct contribution of psychology was both key to CI response and unique to psychologists. Both interviewees considered aspects of the role made the involvement of EPs essential within the team. The third interviewee, a qualified social worker, expressed an alternative view however, stating that professionals from any discipline could apply psychology to deliver effective CI support independent of EPs.

As previously discussed, the NICE guidelines (2006) recommend that the EP is part of a multi agency response including CAMHS, social services and education. Rees and Seaton (2011) found that EPs usually collaborate with other professionals, especially social workers, health professionals and teaching staff, during CI response. It was evident from references to changes and cuts in other agencies that EPs often collaborated with other professionals in health and the voluntary sector and always collaborated with school staff. The multiagency CIRTs had the benefit of ensuring collaboration with other professional groups within the teams but also meant that CI response did not necessarily always involve an EP.

The necessity for EP involvement in CI response was disputed by the non-EP interviewee (LA4) who spoke of apparently effective CI support delivered with minimal EP involvement. The CIRT in LA4 use psychological first aid as a basis for CI response and so the moot point was not the vital importance of psychology but whether or not it is necessary to be a qualified psychologist in a role for which the application of psychology is central.

In other LAs EP interviewees in multiagency CIRTs described '*an equitable team*' (LA6) however they also maintained that '*it's essential that we (EPs) are there – that we have a presence there*' (LA6) which contrasts with the views of the non-EP interviewee that EPs are just '*part of the team like all the other professionals*' (LA4). All EP interviewees in line with previous findings (Rees and Seaton, 2011) considered CI response an appropriate role for EPs and, consistent with Farrell et al. (2006), EPs played a key role in this support within their LAs in contrast with LA4 where EPs '*get involved less than they used to*'.

With the exception of LA4 interviewees highlighted the skills, knowledge and training that EPs brought to a CI response. The requirement for experience and skills in working at a systemic level along with an understanding of school systems was identified as a skill set of both EPs and school advisors although the latter were considered less appropriate due to a tendency to '*get very anxious about anything to do with emotions*' (LA1).

In LAs where support was delivered by EPSs, individual work with children and/or consultation advice to staff about supporting children were more likely to be seen as a role best carried out by EPs. This view, however, was not shared by interviewees from multiagency teams where other professional groups from children's services were engaged in this role. A distinction was made by EPs in multiagency teams however, between normalisation of responses and routine screening, as opposed to support for more extreme responses which may be considered to require EP input. Support for children with SEN, particularly important in the light of increased inclusion and the identified vulnerability of children with learning difficulties, was considered an area in which advisory teachers may have a good understanding, although in many LAs EPs may be more experienced in the needs of the most complex individuals.

Consequently, whilst not adamant that CI support *had* to be delivered by an EP many questioned whether the necessary skill set could be found in other professional groups:

'I'm not sure it has to be an EP... But I suppose it has to be somebody who has an understanding of both the school and the systems within the school and about adults working in the school and about children, and probably about parents too, so that's quite a tricky combination to find really' (LA1).

5.3 Super-theme: CONTENT

28 sub themes were grouped into 6 themes within the super-theme 'content'. These themes relate to how, when and why the document was produced; the subsequent super-theme examines themes referring to the use of the document in context.

Table 5.2 Sub themes and themes for super-theme: CONTENT

Key: Blank: not coded 1: coded once 2: coded more than once

Theme	Code		Local Authorities							
			1	2	3	4	5	6	7	8
Inception of document	IC1	Initial catalyst		2	1	2		2		2
	IC2	Individual lead			1			1	2	1
	IC3	Service response	1	1	1	1		1		2
Sources	SS1	Original research		1	2	1			1	2
	SS2	Other documents	2	2		1			2	2
	SS3	Uncertain		1			1	1	1	1
	SS4	Direct experience				2	2	2	2	2
Document revision	DR1	Ongoing process	2		2	1			2	2
	DR2	Insufficient time		1			2		2	1
	DR3	Reactive	1	2	1					1
	DR4	Interference	2							
	DR5	Changes in LA		1			2			2
	DR6	Research driven	1		2					1
	DR7	Social media				1			1	1
	DR8	Suicide	1	1						1
Audience	AU1	Mainstream	1	1	2	1	1			
	AU2	Special schools	1	1	1	1				
	AU3	Preschools			2	1				
Purpose of document	PD1	Preparation	1			1	1	2	1	1
	PD2	Access support	1		1	2		2	1	
	PD3	Guide school	1	1	1	1		1		1
	PD4	Information		1	1	1			1	
	PD5	Practical material		1	1	1		1	1	1
Level of detail	LD1	Accessibility	1		1	1				
	LD2	Won't be read					2			1
	LD3	Comprehensive		1		1			1	1
	LD4	Organisation		1		1				1
	LD5	Supplements	1		2		1			

Within the super-theme: **CONTENT** 8 themes were identified:

- inception of document
- sources
- document revision
- audience
- purpose of document
- level of detail

5.3.1 Theme: Inception of document

Under the theme ‘inception of document’ 3 sub themes were identified:

- IC1: initial catalyst
- IC2: individual lead
- IC3: service response

5.3.1.1 Inception of document: Initial catalyst (IC1)

IC1 was coded in 5 LAs where specific events were identified as the catalyst for the development of a CI response and the concurrent or subsequent development of written guidance.

One LA, with a significant forces population, cited the first Gulf War as the catalyst, although it did not result in any school based CIs:

‘I guess when big things happen - sort of in the national media - that raises people’s awareness’ (LA 4).

CIs within the national media impacting on schools and schoolchildren were cited:

‘the work within the service actually started pretty much post and Dunblane so about 1996 or thereabouts. At that time one of our senior educational psychologists was very struck by the fact that as a psychology service we ought to be able to offer something around an incident such as that ... Obviously because that had highlighted it as opposed to we were expecting everything to be at that sort of level’ (LA3).

In one LA the catalyst was a local tragedy that was also widely reported in the national media:

'It was actually written in 1996. There was a little girl called NAME and she lived in the LA area and she was murdered ... She was abducted from a tent in the garden where they were planning to sleep over and I think that alerted everybody...' (LA6).

In other LAs the catalyst was a local event:

'About 12 to 15 years ago when we had several deaths in one school of children and I responded because it was one of my patch schools. I hadn't really thought much about it before I experienced it directly' (LA8)

5.3.1.2 Inception of document: Individual lead (IC2)

IC2 was coded in 4 LAs where interviewees identified specific individuals within the LA who had driven the development of CI support, including school guidelines:

So it would have been NAME - do you know who I mean? She's written some books...' (LA6).

5.3.1.3 Inception of document: Service response (IC3)

IC3 was coded in 6 LAs where the interviewee articulated an identified need for a consistent service response:

'feeling that we had to move on what we did into some sort of coherent sense rather than just on a case-by-case basis so there was nothing went out to schools before that we didn't have anything that went out to schools... So then we developed the pack from there' (LA2).

5.3.2 Theme: Sources

Under the theme 'sources' 4 sub themes were identified:

- SS1: original research
- SS2: other documents
- SS3: uncertain of source
- SS4: direct experience

5.3.2.1 Sources: Original research (SS1)

SS1 was coded in 5 LAs where interviewees discussed using original research in producing the document.

Two LAs identified original research papers as major sources for their documents. In both cases reference was made to access to electronic databases through universities:

'Most of it was articles, I think it was mostly through, you know a database search, we had trainee or an assistant I can't remember which now when we were first putting this together and this was one of their jobs so they would have had access to the university database that's where most of it has come from.' (LA3).

'It's such an advantage doing a Ph.D. – having access to electronic library materials. And that's one thing I'm really going to push for really – you know - that we manage to maintain that after I've finished my Ph.D because I'm constantly on the university site kind of looking for things' (LA8).

One LA made reference to using information from *Wise before the Event* (Yule and Gold, 2006):

'Do you know the Wise before the Event book? - we used that when we were writing (the document)' (LA2).

Two LAs were less specific, although when explicitly asked they indicated that some original research was used:

'Yeah, I mean we do - again it's something that I should do more of' (LA7).

5.3.2.2 Sources: Other documents (SS2)

SS2 was coded in 5 LAs illustrating the widespread practice of using material produced by other agencies.

Documents produced by other EPS were cited as sources of information both in initial production of the document and in revision:

'Well really the work I'm doing now (revising the document) - it is basically me going online really and looking what are other authorities are doing and looking at a whole host of ideas and extracting those that I think could work for us here..' (LA8).

Additionally, in 3 cases interviewees also acknowledged acquiring information from documents produced by other agencies, most commonly those of bereavement charities:

'(We got the information from) other psychological services and the child bereavement trust and Penhaligon Friends and Winston's wish – they were our main source.' (LA2).

Whilst 4 interviewees professed themselves beneficiaries of other LA documents, one highlighted their document as the source used by other LAs:

'I think in the past a lot of local authorities have copied this. I know this because we changed the wording slightly and then we saw it with exactly that same wording... Well I don't mind' (LA4).

When the practice of accessing material from other sources, including other EPSs, without permission was raised one interviewee expressed the view that, in this area, there was a moral imperative to share good practice:

'I think we use whatever we need to use in order to create documentation – as we do with a lot of the work that you do. We're certainly not protective about it. At the end of the day the nature of the material is such that it almost to me feels uncomfortable not to share, if you've got something that is highly respected and proven to work and it can be of help to other authorities then absolutely in this sort of situation, you know I think sometimes the business approach isn't appropriate and I think this is one of those' (LA7).

Two of the interviewees (LA1 and LA8) highlighted the significant volume of information available:

'I've got files and files of different stuff and that was before the internet so once you've added that in there is a huge amount of stuff really' (LA1).

5.3.2.3 Source: Uncertain of source (SS3)

SS3 was coded in 5 LAs where interviewees were unclear about the source of some or all of their material:

'you know I don't know where it all came from, it's always been there as a booklet. I'm not sure who wrote it even ... I think practice NAME might have been involved in it – one of the senior EPs – I will email you if I can track it back... It's just always been there as a published book that was sent out to schools' (LA6).

5.3.2.4 Source: Direct experience (SS4)

SS4 was coded in 5 LAs where interviewees identified direct experience as a significant contribution in determining content of the document:

'But I have to say that for me experience is a really big factor, you know having dealt with - I don't know probably 20 pretty significant incidents over the years ... you kind of almost intuitively know what's right and what isn't relevant and what doesn't apply and that sort of thing and when you make a mistake you know about it and definitely learn from it (laughs)' (LA8).

Additionally, the concept of 'learning from mistakes' commonly appears:

'And the other one is very early on before I joined the team they had the experience that in front of their very eyes they had the entire school brought the hall, they couldn't stop the head teacher, the head teacher announced ... (Laughs)... Sorry

that's just bringing that memory back my previous colleague describing that to me ... And the entire school as one burst into tears. You only have to see that once and you know not to do it again!' (LA5).

5.3.3 Theme: Document revision

Under the theme 'document revision' 7 sub themes were identified:

- DR1: ongoing process
- DR2: insufficient time
- DR3: reactive
- DR4: interference
- DR5: changes in LA
- DR6: research driven
- DR7: social media
- DR8: suicide

5.3.3.1 Document revision: Ongoing process (DR1)

DR1 identified document revision as a continual, ongoing process and was coded in 5 LAs:

'So it's ongoing updating it, you know, before things used to remain on there (online) for 2 or 3 years but I'm dating it now so it's 13-14 now so that's a very clear indication that its current and I think that's important to do' (LA7).

One of the documents (LA8) was provided in an annotated pre-revision form as an updated version was in process and one of the documents was updated (with a new section added) during the course of the study (LA7).

In some cases interviewees identified gaps in the documents or highlighted specific changes they felt were needed:

'I need to make it much more prominent. I find it difficult to find it anyway, so that's something I need to follow up, actually' (LA1).

5.3.3.2 Document revision: Insufficient time (DR2)

References to revision plans being hindered by shortage of time were coded as DR2 in 4 LAs:

'Since I've taken it over I've never had a huge amount of time at my disposal to write more' (LA5).

On two occasions the school summer holidays are referred to as a time to update guidance:

'That I think is a gap in our document and given our population I think we need to look at it more. It's a piece of work that often gets started in the summer when we work with our ethnic minority service, we started on it a couple of summers ago and never really moved it forward' (LA2).

5.3.3.3 Document revision: Reactive (DR3)

DR3 was coded in 4 LAs where interviewees identified that the need for revision was often driven by response to events:

'I'm remembering now it was something we thought we might do in the future but we haven't done that. At the time everyone rushes around and thinks 'yes we must do something' but then it's kind of gone ... till the next time' (LA1).

A potential consequence of this is highlighted by one interviewee:

'That I think is a gap in our document... I think we need to think about it more than we do. It has never been an issue that's the thing, and so it's kind of, it'll be all right but no we should do, have more about that we do' (LA2).

5.3.3.4 Document revision: Interference (DR4)

DR4 was coded multiple times in one LA where the document was subject to input from other LA departments and external agencies:

'There was information in there originally about different religions -their attitudes to death, memorial services and funerals -that sort of thing. I'd kind of picked out the main ones in LA but this was not acceptable to another department. I think it was something to do with the Communications publicity department ... Her argument was that, you know, you can't cover them all so, you know, you shouldn't have some' (LA1).

5.3.3.5 Document revision: Changes in LA (DR5)

DR5 was coded in 3 LAs where changes were required due to organisational changes or cuts to services causing inaccuracies within the documents:

'In terms of who might be available, we'll be cutting that down significantly! No behaviour support teachers, no specialist advisory teachers, no inspectors ... there's not many left' (LA8).

5.3.3.6 Document revision: Research driven (DR6)

DR6 was coded in 3 LAs (LA1, LA3 and LA8) where interviewees made explicit reference to revising the document in the light of developments in research:

'A lot of the debriefing stuff has been criticised in the literature so we have removed most of that from there' (LA3).

5.3.3.7 Document revision: Social media (DR7)

Social media was identified as a difficult issue because:

'...trying to keep a lid on rumours and not let things escalate ... has become so much more difficult with all the social networking sites and everything else' (LA3).

DR7 was coded in 3 LAs; two LAs made reference to recently updating their documents due to social media:

'We've updated it, obviously the issues around social media that wasn't there before' (LA4).

One LA acknowledged the need for future revision:

'Social media – but that is so difficult to deal with - we may be need to think a bit more about that' (LA8).

5.3.3.8 Document revision: Suicide (DR8)

DR8 was coded in 3 LAs that identified suicide as a specific area for inclusion/revision:

'And then I definitely want something specific about suicide because I think it is different; the stress is somehow more intense and the potential for contagion and all those sort of things needs to go in.' (LA8).

5.3.4 Theme: Audience

The theme 'audience' refers to the individuals and organisations that the guidelines are written for and consequently where support is delivered. Under the theme 'audience' 3 sub themes were identified:

- AU1: predominantly mainstream schools
- AU2: special schools self-sufficient
- AU3: support for preschools

5.3.4.1 Audience: Predominantly mainstream schools (AU1)

AU1 was coded in 5 LAs where interviewees highlighted that CI involvement, and hence use of the guidelines, was predominantly in mainstream schools:

'I suppose to some extent it could be accessed from other places but 99% of what we do is around schools definitely' (LA3).

The majority of support users were identified as school-age:

'It's predominantly school age. But having said that we have had a suicide where the person that committed suicide had left school but it had an impact on years 12 and 13 who were in the same cohort originally - but it's predominantly school age' (LA2).

5.3.4.2 Audience: Special schools self-sufficient (AU2)

AU2 was coded in 4 LAs where staff in specialist provision were described as most likely to manage independently in the event of a CI:

'We don't tend to support special schools at all. They tend to manage in-house. They've never come to us after the death of a child at all' (LA2).

This was even the case with the interviewee was the EP for a special school:

Although I am the allocated EP for a PMLD school and we have had some deaths there and the head actually is very, very good at supporting in that kind of situation so although I've been in and offered support after the incident I haven't really been needed (LA1).

One LA highlighted a difference in the nature of the work when it did occasionally occur in special schools:

'I guess it's in regard to our special schools they probably do quite a lot of it themselves...But sometimes they ask us when a child has died unexpectedly we might be involved. But I think it's more what we do with early years settings where we are more likely to support the staff than support the children, rather than support the children themselves because we don't necessarily have all the skills' (LA4).

5.3.4.3 Audience: Support for preschool (AU3)

AU3 was coded in 2 LAs where reference was also made to CI support in both mainstream and specialist preschool settings:

'We have done some CI work with non-maintained early year's providers, purely because I don't know who else would do it' (LA3).

5.3.5 Theme: Purpose of document

Three of the documents were explicit about the purpose of the guidelines. In each case this was to support schools in preparing and developing plans and to provide guidance and resources to support effective response to a CI.

Under the theme ‘purpose of document’ 5 sub themes were identified:

- PD1: promote preparation
- PD2: access support
- PD3: guide school actions
- PD4: information
- PD5: practical material

5.3.5.1 Purpose of document: Promote preparation (PD1)

All of the documents make reference to preparation for CIs. PD1 was coded in 6 of the interviews:

‘...and the other hope about these guidelines was that they might think ahead and produce some guidelines for themselves ahead of any crisis’ (LA1).

Additionally, guidelines were cited as having a role in training:

‘We use it for training in schools and we use it for new members of the team and people seem to find it helpful, it clarifies what we do’ (LA 6).

5.3.5.2 Purpose of document: Access support (PD2)

All of the documents provide guidance about accessing support from the EPS/CIRT. PD2 was coded in 5 LAs where interviewees referenced the role of the document in facilitating access to CI support:

‘...there is a checklist with the numbers that we suggest to schools that they have pinned up in the office’ (LA6).

As well as signposting support one interviewee highlighted the role of the document in clarifying when a request for support might be appropriate:

‘We still get some inappropriate ones but it is generally because people haven’t looked at the detail in the guidance’ (LA7).

Another interviewee identified a role in clarifying the nature of the support available:

'It is meant to be what they can expect, it is meant to be what we're offering' (LA3).

Finally 2 LAs (LA1 and LA2) indicated that the document was used in the initial telephone needs assessment:

'...would kind of go through the form at the back...wait a minute, the critical incident record form at the back on page 25 ...to get a general outline of the difficulty' (LA1).

5.3.5.3 Purpose of document: Guide school actions (PD3)

Seven of the documents provide recommended actions in response to a CI (in varying levels of detail). PD3 was coded in 6 LAs that made reference to the role of the document in informing and guiding the actions of school staff:

'I suppose the idea was to have a working document that...some working practical guidelines... that schools could work through very quickly at a point where they were...they may be emotionally...in emotional turmoil... when it was much more difficult for them to think straight' (LA1).

However, when the circumstances and context in which this role was intended to be fulfilled occurred, it became clear in every case that the document was *not* intended to replace the requirement for external support:

'The document is to enable schools to get on with things until they have that extra advice and support because you know if it happens at the weekend they need to do some of those things or even if it happens on school time they might need to inform children, you know without our advice being available and that just gives them some ideas on how to do that because you know they might want to hold a whole school assembly in which they tell them and they all cry and, you know, so it's to give them a chance to do things if they don't have that advice available straightaway' (LA4).

5.3.5.4 Purpose of document: Information (PD4)

Seven documents provide psycho education to staff, either in the form of separate sections (e.g. common responses to trauma/grief; advice on supporting bereaved children) or embedded as rationale within the recommendations.

PD4 was coded in 4 LAs where interviewees spoke about the document being used to inform staff:

'...the green book is really kind of, as I say on training, a bit of bedtime reading, they need to read it in advance – they can't have a critical incident and then get it out - it's something they need to have read beforehand and internalised the basic strategies and the basic thought behind it really' (LA4.)

However it was also acknowledged that such detailed information was not always used:

'...the number of schools that will have a critical incident, haven't read it before, and immediately go to the back page, where we have a proforma letter I think, and they home in on that. It's a bit like an EP report isn't it I suppose when we used to do recommendations, you know they go straight to the recommendations and see none of the justification. I think they're wanting things for the here and now. In an ideal world they would sit down and take time to read the whole document but I'm not naive enough to believe that they actually do that' (LA 7).

5.3.5.5 Purpose of document: Practical material (PD5)

PD5 was coded in 6 LAs where interviewees drew attention to practical material within the documents identifying that this was largely welcomed by school staff:

'The letter is really well used by schools, obviously they change it or whatever but it means that they don't have to start thinking about it, start from the beginning, that they can just use the template and make it their own' (LA4).

5.3.6 Theme: Level of detail

Within the theme 'level of detail' 5 sub themes were identified:

- LD1: accessibility
- LD2: won't be read
- LD3: comprehensive
- LD4: organisation
- LD5: supplements

5.3.6.1 Level of detail: Accessibility (LD1)

LD1 was coded in 3 LAs where interviewees expressed the view that brevity was desirable as it made information in the document readily accessible in CI response:

'...we did think at one time about integrating them (the two documents) but if there is a critical incident, you know, and you are the head, you just want something short and concise that you can just get on with. You haven't got time to do lots of reading' (LA4).

5.3.6.2 Level of detail: Won't be read (LD2)

LD2 was coded in 2 LAs where interviewees expressed the view that school staff were unlikely to read comprehensive documents:

'I have a natural reluctance to spend hours and hours on writing a policy or instructions which I know in the midst of the critical incident it is very unlikely that people go and look at and that's certainly my experience, not in any sort of research sense but in my experience.' (LA5).

5.3.6.3 Level of detail: Comprehensive (LD3)

LD3 was coded in 4 LAs where interviewees referred to a desire to include sufficient information to meet the needs of a range of service users:

'And actually what we try to include in the guidance is something for everybody: for the teacher, for the head teacher, for the class teacher....' (LA7)

5.3.6.4 Level of detail: Organisation (LD4)

Organising information into chapters or subsections was identified as a means of including a large volume of information in an accessible form; LD4 was coded in 3 LAs:

'I suppose that's where the dividing it up into different scenarios - death of a member of staff, death of a pupil so that idea that you could look at it chunks and then there's the flow diagrams. I think we thought that some bits could just stand on their own and even if you only read those bits you'd kind of would find something useful so if you wanted to broaden your knowledge it's there but if you just need a piece of A4 it's there too and that will get you through' (LA2).

5.3.6.5 Level of detail: Supplements (LD5)

An alternative approach to balancing the perceived need for detail and easy accessibility was to include information in appendices. LD5 was coded in 3 LAs:

'so basically we've got those leaflets in our folders and if it appears appropriate when we are talking in the school to bring something out we bring it out, so it's our judgement as to whether this might be useful in this particular situation' (LA3).

5.3.7 Summary and discussion of super-theme: CONTENT

5.3.7.1 Development of EPS support for CIs in the UK

Responses indicate that CI guidance for schools began to be produced within the sample LAs from the 1990s which is consistent with evidence from the literature review that identifies this as the point at which EPs in the UK began to engage in CI support. Within individual LAs, interviewees cited the identification of a requirement for a service response following a

specific national or local event as the catalyst for their involvement, without reference to the emerging trend nationally.

Responses suggest that development of support in general, and written guidance in particular, was the result of a combination of the following factors:

- Increased awareness of the impact of CIs on schools and schoolchildren
- Identification of a potential role for EPs
- Recognition of the need for a consistent service response
- An individual taking the lead in developing the service

5.3.7.2. Sources of information

Responses indicate that a range of sources of information were used in producing and revising the documents. The two interviewees who emphasised the use of original research literature also commented on access to university databases. In one case this was through a trainee educational psychologist and in the second the interviewee was undertaking a doctoral study. Therefore, although when explicitly asked, other interviewees recognised the importance of research evidence, it is possible that difficulty in accessing original literature presents a barrier in some services.

Responses indicate that whilst interviewees could not always identify the sources, extensive use is made of documents produced by other EPSs and other agencies. This is facilitated by material being freely available on the internet. Two of the documents acknowledge specific EPSs as a source. None of the respondents considered there was anything wrong with the practice of downloading and using information (with or without acknowledgement), with one interviewee articulating a moral obligation to ‘share’ due to the nature of the subject matter.

Direct experience is highlighted as a powerful influence on individual practice. In some services, as identified in the previous section, learning from the first-hand experience of team members is facilitated through formal processes for reflecting and reviewing within the service.

Responses indicate that the majority of LAs that produce detailed guidelines for schools engage in an ongoing process of revision and updating. Shortage of time is commonly identified as a problem and revision therefore is sometimes a reactive rather than proactive exercise. The most commonly cited drivers for revision are: organisational changes within the

LA; advances in social media; thinking about suicide and new evidence emerging from research.

5.3.7.3 The nature of the guidelines

The most striking difference is not in the nature of the content but how much detail is included. In phase 2 guidelines range from one of the shortest documents, a single side of A4 (LA5), to some of the longer and most comprehensive documents (up to 84 pages). Interviewees were specifically questioned about reasons behind the amount of information included, although decisions were not always carefully considered:

'Oh - I've got to make something up on the hoof now! I think that the answer to your question is it's just what feels right' (LA 7)

It could be argued that the key issue is the extent to which the content facilitates the stated aims of the guidelines. Guidelines are intended to:

- raise awareness and encourage preparation
- help schools to access support as appropriate
- guide actions in response to a CI (alongside or in the absence of direct support)

All documents signpost support and encourage preparation and most contain practical recommendations and information, such as the impact of CIs. The theme 'level of detail' highlights the tension between the desire to provide comprehensive guidance and resources and the inherent difficulty of information overload in a crisis situation. It raises questions about the value of including theoretical detail if only the practical advice and material are going to be used. Creative solutions involve approaches to organisation that allow the most relevant guidance to be accessed quickly whilst retaining additional information separately for reference, for example, producing two separate documents (LA4). Another alternative, contingent on the presence of an EP/CIRT member, is to limit the content of the guidelines for schools by retaining supplementary material as appendices which can be shared with school staff as required. The intended and practical use of guidelines has implications for the level of detail included in the guidelines and this is explored further in the following section.

5.4 Super-theme: CI SUPPORT

43 sub themes were grouped into 7 themes within the super-theme **CI SUPPORT**. These themes explore the delivery of CI support with reference both to the document and to the LA context.

Table 5.3 Coding and themes for super-theme: CI SUPPORT

Key: Blank: not coded 1: coded once 2: coded more than once

Theme	Code		Local Authorities							
			1	2	3	4	5	6	7	8
Preparation	PS 1	Encouraging/supporting	2	1	2	2	2	1	1	1
	PS 2	Training		1	2	2	1	2	2	1
	PS 3	Lack of preparation	2	2	1				1	1
Identification	ID1	Largely appropriate	2	2	1	1		2	2	
	ID2	Subjectivity		1		1	1		1	
	ID3	Advice for sad events	1	2	1	2	1	1		
Initiating support	IS1	Good availability	1	1	1	2	2	1	2	1
	IS2	Telephone assessment	1	1	1	1	1	1	2	1
	IS3	Rapid response	1	1	1	1	1	1	1	1
	IS4	Call to talk through			1	1		1		
Principles of support	PS1	Support for system	2		2	1	2	2		
	PS2	Empowerment	2		2	1	1	2	2	1
	PS3	Specialist knowledge	2	2	1	1	2	1	1	2
	PS4	PFA			1	1				1
	PS5	Practical	1				1			2
Approach to direct support	DS1	Work with students		2	2	2	1	2		2
	DS2	Counselling	2	1	2		2	2	1	2
	DS3	Debriefing		1	1			1	1	
Benefits of document	BD1	Prompt for EP	1	2	2			2		2
	BD2	Promoting independence	1							
	BD3	Vehicle for information		1	2				1	2
EP presence	BP1	Extra capacity		2		2				
	BP2	Tailor and select	2		2		2	2	1	
	BP3	Challenge and repair		1	2		2	2	2	
	BP4	Reassure and guide	2		2	2	2	2		2

Within the super theme CI SUPPORT 7 themes were identified:

- preparation
- identification
- initiating support
- principles of support
- approach to direct support
- benefits of document
- EP presence

5.4.1 Theme: Preparation

Supporting CI preparation has already been identified as one of the purposes of guidelines.

Under the theme ‘preparation’ 3 sub themes were identified:

- PS1: encouraging and supporting
- PS2: training
- PR3: lack of preparation

5.4.1.1 Preparation: encouraging and supporting (PS1)

PS1 was coded in all LAs as all interviewees highlighted their active support for the principle of CI preparation in schools:

‘We’re trying to be proactive in getting services to prepare for a CI in case it happens’ (LA3).

5.4.1.2 Preparation: Training (PS2)

The most common vehicle for supporting schools to prepare was through training including contingency planning, bereavement, and policy writing. PS2 was coded in 7 LAs. 6 interviewees (LA3-LA8) stated that training was offered to schools and settings through the EPS/CIRT:

‘We do half day training for schools about managing critical incident for head teachers and senior staff and we also do the same sort of training for governors as well. And we do the same for early years settings’ (LA4).

One interviewee stated that the document was used in training:

'We use it for training in schools and we use it for new members of the team and people seem to find it helpful, it clarifies what we do' (LA6).

Two interviewees (LA2 and LA6) expressed the view that they had identified the benefits of preparation or training in schools in response to a CI:

'When I think about the schools where I know members of staff have had different types of training I think they feel more confident and certainly they've managed more significant bereavements, and challenges in the way that schools who haven't had it do' (LA2).

5.4.1.3 Preparation: Lack of preparation (PS3)

PS3 was coded in 5 LAs where interviewees identified a perceived lack of CI preparation within schools:

'...but I'm not convinced that any of the kind of preparatory stuff ... So I don't have any schools that have written their own plans for example or have built kind of loss into the curriculum that much' (LA7)

Theories about the reason for lack of preparation in schools included not expecting it to happen to them (LA2; LA3); complacency resulting from having managed a CI already (LA3); finding it emotionally too uncomfortable (LA8); expecting someone else will be there to support (LA8); and lack of time or demands from other priorities:

'I think in some ways it is not a priority and we all know how precious schools are with curriculum and attainment and all that kind of stuff. And the people who tend to work on pastoral side are often fire fighting with crises so don't actually have the time to sit and plan and think ahead and prepare' (LA8).

One interviewee drew a parallel between the lack of preparation observed in schools and that within the EPS/CI team:

'Possibly because you don't really think you're going to need it. In the same way that perhaps it took us a relatively long time as a service to do it. You kind of hope you'll never going to need it don't you?' (LA2).

5.4.2 Theme: Identification

Under the theme 'identification' 3 sub themes were identified:

- ID1: largely appropriate
- ID2: subjectivity
- ID3: advice for sad events

5.4.2.1 Identification of CI: Largely appropriate (ID1)

ID1 was coded in 6 LAs where interviewees felt that school staff largely identified CIs correctly and consequently requests for support were generally appropriate:

'The calls tend to be about the death of a pupil or the death of a member of staff so the calls that come in as part and parcel of this work tend to start at that level of seriousness.' (LA2).

The main reasons given for this were familiarity with a well-established service, reinforcing messages during training and clarity of definition in the guidelines.

Two interviewees identified that perceived inappropriate requests for support, due to incorrect identification of CIs, had occurred in the past:

'There was also a lumping together of a whole host of issues under the term critical incidents and this was pushing all the right buttons to get an immediate response that when we unpicked that many of them were not technically critical incidents' (LA7).

Only one LA made reference to referrals perceived as inappropriate currently occurring occasionally:

'We still get some inappropriate ones but it is generally because people haven't looked at the detail in the guidance' (LA 7).

Additionally, one interview voiced the view that inappropriate referrals, while not an issue for them, were believed to occur in other LAs:

'I saw something recently actually where somebody said that schools in their authority didn't have a very good understanding of it and they'd recently drawn the line with somebody whose pet cat died!' (LA1).

5.4.2.2 Identification of CI: Subjectivity (ID2)

ID2 was coded in 4 LAs where interviewees acknowledged the subjective nature of crisis identification:

Yes but it's very much around subjectivity – so it's what the school thinks. You know because a critical incident is something that overwhelms normal responses and that's different from person to person, from school to school isn't it' (LA4).

5.4.2.3 Identification of CI: Advice for ‘sad events’ (ID3)

ID3 was coded in 6 LAs where advice and signposting of other services was available to school staff in the event of a distressing event that did not reach the threshold of a CI:

‘...and we do offer support even though it doesn’t come under schools critical incident – you know, if they need any help we do encourage them to telephone and talk to us’ (LA6).

Five LAs offered telephone support in such cases and 2 interviewees described EPs giving less formal advice during school visits:

‘But no we don’t have that problem actually; it’s only pretty serious things actually. Other things we would probably discuss when we were in our schools’ (LA1).

5.4.3 Theme: Initiating support

Under the theme ‘initiating support’ 3 sub themes were identified:

- IS1: good availability
- IS2: telephone assessment
- IS3: rapid response
- IS4: call to talk through

5.4.3.1 Initiating support: Good availability (IS1)

IS1 was coded in all LAs where interviewees described ‘immediate’ or very rapid response to a request to for support:

‘We always aim to respond within an hour really to schools’ requests during the working day and we also have an out of hours phone line’ (LA7).

Interviewees referred to a 24-hour telephone number in 3 LAs (LA4, LA5 and LA7):

So we have a pager system so schools ring a pager number and that pager number gets through to senior officer so the first call they will receive back will be from a senior officer within children’s services and this is a 24-hour line so they can ring it any time of the day’ (LA4).

5.4.3.2 Initiating support: Telephone assessment (IS2)

IS2 was coded in all eight LAs where interviewees identified that the call would be directed to a senior EP/CI team member who would assess the situation and determine the most appropriate response:

'...it is the most senior member of staff in the office when the phone call comes in who would begin negotiations with the school about how they would like to be supported' (LA2).

Two LAs (LA1 and LA6) identified use of the guidelines directly in this process:

'So the person who was contacted originally would get some details from the school, as much as they could - it would probably be the PEP ...who would kind of go through the form at the back...wait a minute, the critical incident record form at the back on page 25 ... to get a general outline of the difficulty...' (LA1).

5.4.3.3 Initiating support: Rapid response (IS3)

IS3 was coded in all LAs and interviewees identified a prompt response following reporting of a CI:

'They would go in pretty quickly. Generally people would respond within 24 hours although it is not written down like that. They'd call back and start talking about what the school needed, they'd immediately call or email to check things, email information or anything like that and they'd keep the contact going certainly over the phone or with emails and a visit whichever of those options was the most practical certainly' (LA1).

5.4.3.4 Initiating support: Call to talk through (IS4)

IS4 was coded in 3 LAs where interviewees indicated that they welcomed telephone calls, even when schools were managing the incident independently:

'But I would always encourage schools just ring up and just have a telephone conversation and just talk through the kind of things they need to think about, the kind of decisions they've made' (LA4).

5.4.4 Theme: Principles of support

Within the theme 'principles of support' 5 codes were identified:

- PS1: systems level
- PS2: empowerment
- PS3: apply specialist knowledge
- PS4: psychological first aid
- PS5: channel into practical activity

5.4.4.1 Principles of support: Support for system (PS1)

PS1 was coded in 5 LAs where interviewees described their principal role as working with the whole system to support recovery:

'I think we have quite a strong ethos around that, it is around providing the support for the school to recover as opposed to its going in and fixing it for them. So that's why it says the bits about consultation and 'a listening ear' (LA3).

Two interviewees specifically emphasised the importance of the sense of the school as a community:

'and to me that's almost the most important thing that they have that sense of coming through something as a community' (LA5).

5.4.4.2 Principles of support: Empowerment (PS2)

PS2 was coded in 7 LAs where interviewees emphasised the importance of school staff, particularly the head teacher and senior management, retaining overall control:

'and have a meeting with usually the head and the senior management team to just talk through, not to take over but talk through what they're going to do. (LA 6)

One interviewee highlighted the need to be mindful of this, particularly because:

'heads often want more direction than you're prepared to give them' (LA7).

Another interviewee highlighted that taking responsibility and control away from the head teacher could be disempowering:

'it kind of compromised his own confidence a little bit' (LA8).

One interviewee described a situation where too much support had been unhelpful in the long term:

'That school expected more and more, and they became very dependent ... the school were just expecting more EP time for all kinds of things that they weren't before... It's a bit like when you're pressurised into offering an earlier appointment to somebody – that's very rarely a good thing to do...it seemed like nothing seemed to satisfy their need for support' (LA1)

5.4.4.3 Principles of support: Specialist knowledge (PS3)

PS3 was coded in all LAs where interviewees spoke of drawing on specialist knowledge and experience, particularly concerning potential responses to trauma and bereavement:

'The schools are the best people to manage these incidents but they need support to manage them and we can do that by, like we just discussed, having understanding of how adults and children respond to trauma and taking them through it in very practical ways' (LA1).

Consequently, as one interviewee highlighted, CI support could be more directive than other forms of EP practice:

'it's a not so much a consultation process and I think that's very important because here we very much work on a consultation model and we try to leave the expert behind but I think this is something that actually stands alone from that in those first response situations because really what you're saying is I'm supporting you, as a head teacher, in order to manage the situation most effectively based on experience across a number of other similar situations. So it is quite a different piece of work in terms of psychological approach' (LA7).

Five interviewees referred specifically to specialist knowledge of normal responses to trauma and grief to support identification of vulnerable individuals and recognition of abnormal responses:

'About children's reactions and what are normal responses at different ages and what might not be a normal response. I suppose that kind of knowledge and reassurance is helpful as well ... knowing what to expect' (LA1)

5.4.4.4 Principles of support: Psychological First Aid (PS4)

PS4 was coded in 3 LAs where interviewees referred to being guided by principles of PFA:

'...we very much follow the psychological first aid system, so we offer to support the school management team in dealing with the initial shock of the situation ... to support the school to re-establish normality, re-establish routine, to offer psychological support to staff and children, identify vulnerable children...' (LA4)

5.4.4.5 Principles of support: Channel into practical activity (PS5)

PS5 was coded in 3 LAs where interviewees described the importance of managing the emotions within the situation by guiding staff and students towards practical activities:

'And a lot of it is you know almost kind of practical, so I do think if you can channel people into doing something practical ... they give people things to occupy them and take them out of the shock and the feelings' (LA 8).

5.4.5 Theme: Approach to direct support

Within the theme 'approach to direct support' 3 sub themes were identified:

- DS1: work with students
- DS2: counselling
- DS3: debriefing

5.4.5.1 Direct support: Work with students (DS1)

DS1 was coded in 6 LAs where interviewees spoke about carrying out direct individual or small group work with students. There was a division between interviewees who routinely delivered support in this way and those who actively avoided doing so.

In 3 LAs guidelines referred to availability of this type of support and interviewees indicated that involvement routinely involved work with students:

'...and what often happens is we kind of use the library as a base where children can come in small groups or on their own and talk to us' (LA4).

In contrast 3 interviewees said that they actively avoided individual work:

'We don't really get involved with the children. We always work on the policy that they're better with people they know, feel safer...' (LA6).

However, the predominant view was that interviewees would be responsive to the perceived needs of the school staff:

'...sometimes heads don't want us anywhere near them and they put us in a room to see individuals, that can happen as well and we don't fight that, well we don't encourage it but we accept that if that's how they want to use us at that time' (LA5).

As one interviewee described:

'There has to be something about us supporting adults and if that's what adults think they need at that particular moment...' (LA2).

5.4.5.2 Direct support: Counselling (DS2)

DS2 was coded in 7 LAs where interviewees described a general expectation that their support would involve counselling:

'You know everybody phones up and says 'you're a psychologist we need some counselling' (LA 3).

There was complete agreement amongst interviewees that this role fell outside the remit of the EP/CIRT:

'We won't go to do individual counselling of a child. That's clearly not our role...' (LA5).

Two interviewees (LA5 and LA8) commented on the role of the media in perpetuating the expectation of counselling:

'As I was driving up to TOWN I had the radio on and on the local news it said 'and there are counsellors going in' and oh! I really want to work with the media more ...and I think my message would be that children don't necessarily need counselling, certainly not immediately, what they need is psychological support and ... a sense of normality, they need to know that what they're experiencing is normal and typical in loss ... (LA8).

5.4.5.3 Direct support: Debriefing (DS3)

DS3 was coded in 4 LAs. 3 no longer offered debriefing although reference to 'formal critical incident debriefing sessions' remained in one of the documents:

'A lot of the debriefing stuff has been criticised in the literature so we have removed most of that' (LA 3).

Only 1 interviewee identified that structured debriefing was offered:

'So we suggest to the school that debriefing is available for pupils and staff if they feel that people want that - obviously it's voluntary, with parental permission for pupils. And we don't do it straightaway. We go within a month and usually after a funeral...' (LA6).

5.4.6 Theme: Benefits of document

Within the theme 'benefits of document' 3 sub themes were identified:

- BD1: prompt for EP
- BD2: promote independent school action

- BD3: vehicle for information

5.4.6.1 Benefits of document: Prompt for EP (BD1)

BD1 was coded in 5 LAs where interviewees referred to the document as providing them with a useful framework or prompt. All 5 made reference to working through the document alongside school staff:

So the psychologist, the lead, would work through the document thinking about issues that might arise because of the context of the school or the context of what's happened' (LA2).

In 4 of these cases interviewees suggested that a written document was an important source of support to the EP due to the potential emotional impact of a CI:

'I think the framework helps you too. I can remember one of the original members when I was being trained for the critical incident team at the beginning saying that when he got the call he would always pull into a layby and take out his checklist and read through it and remind himself what, you know, what the procedure was in terms of gathering information and giving advice. And I thought that was really good because you don't overlook the fact that you pick the phone up and somebody says 'look there's been a terrible road accident'... And your own adrenaline starts going...' (LA6).

Consequently, it was helpful to have a prompt that was:

'written when emotions weren't running high... that we knew would stand the test of time, that we could fall back on, so not to leave us thinking on our feet' (LA2).

5.4.6.2 Benefits of document: Promote independent school action (BD2)

BD2 was coded in only 1 LA where the interviewee described document being used to enable school staff to manage a CI independently:

'Once they've got it a lot of heads just seem to work through it really well with very little support actually' (LA1).

5.4.6.3 Benefits of document: Vehicle for information (BD3)

BD3 was coded in 4 LAs where interviewees described the benefit of guidelines as a supplementary means of providing information alongside direct support:

'...they are a useful vehicle for sharing information' (LA3).

One interviewee expressed the view that this was particularly important in a crisis situation:

'And so having the written stuff for me is really important because people don't hear, you know when they're in shock and trauma and there is so much going on they're overwhelmed so I think having written information is crucial in terms of letting people process what needs to happen' (LA8).

In 3 LAs interviewees specifically referred to exemplars and other handouts:

'Sections can be printed off and handed to staff, for example letters to parents within the school to let them know that there's been an incident' (LA8).

5.4.7 Theme: EP presence

Within the theme 'being present' 4 sub themes were identified:

- BP1: extra capacity
- BP2: tailor and select
- BP3: challenge and repair
- BP4: reassure and guide

5.4.7.1 EP presence: Extra capacity (BP1)

BP1 was coded in 2 LAs where interviewees identified a need for increased capacity in schools in the wake of a CI:

'The staff just wouldn't of had the capacity to support all of those upset children really whilst also offering those who wanted the stability of the routine their normal lessons because in a sense the staff have to do both so what we can do is teachers can offer the stability and routine for those who just want to get to normal lessons and keep that going whilst we can provide additional support to support those children who are upset and finding it hard and need someone to talk to' (LA4).

5.4.7.2 EP presence: Tailor and select (BP2)

BP2 was coded in 5 LAs where interviewees highlighted that each CI was unique and therefore, rather than relying on a generic document, support needed to be tailored to the circumstances and needs of the individuals and organisation at any given moment:

'Each situation demands different responses and so sometimes it's appropriate to actually address that... but sometimes you wouldn't address it at all or you'd address it further on down the line' (LA5).

Consequently, interviewees felt it was important to select and mediate written material appropriate to the individual and situation during the course of CI support:

'We've got an information sheet here telling children about death by suicide, I mean it's fine, it's based on a lot of the Winston's Wish stuff and the NHS guidance you know there is nothing particularly new or rocket science in there but I think if it was just left there in school for every member of staff to pick up and read it would be quite an overwhelming thought' (LA3).

5.4.7.3 EP presence: Challenge and repair (BP3)

BP3 was coded in 5 LAs where interviewees highlighted the need to draw on their experience and expertise to guide school staff and thereby prevent or mitigate inappropriate or unhelpful actions. Interviewees described that their knowledge of the potential consequences of specific actions meant that at times they were more directive and, where necessary, needed to challenge school staff to circumvent mistakes:

'The very first incident I led on I was not forceful enough and it did not go well within the school because the head teacher made some bad decisions... so they ended up with a horde of young people moving through the school in a very inappropriate fashion, setting up a little memorial place near to a locker of a particular child out of sight of members of staff. So now we say not 'it might be a good idea' - you know randomly chosen from our heads -we say 'in our experience if you don't do this then young people will do that'. So we point out what can go wrong if they don't. And it's such a simple thing to do. And schools when they are told that go 'alright ...' (LA5).

One example highlighted that written guidelines alone were not always adequate for this purpose:

So it has things in the pack about that but they just hadn't done anything and I think that's where it's useful to have someone there to actually remind them and cross reference the information and practices, that are there and follow it up and try and make sure that they are doing some of it really (LA8).

One interviewee highlighted that sometimes it was necessary to retrieve and repair situations following inadvisable actions by staff:

'Sometimes you have to be a bit careful with they've done things that are perhaps are not best practice. And it's trying to retrieve that without the staff who have dealt with it thinking that they've done more harm than good... and we needed to retrieve it and reassure the member staff' (LA 6).

5.4.7.4 EP presence: Reassure and guide (BP4)

BP4 was coded in 6 LAs where interviewees spoke about the reassurance and emotional containment that came through the EP/CIRT member being physically present to guide staff through the process of CI response:

'I think there's that bit about personal contact and reassurance and the conversation and just the kind of checking it out, getting your ...the school getting their thoughts straight about it, that happens through a conversation, that doesn't happen through reading something in black and white' (LA 3).

'And I think again it's that face-to-face communication, I mean documents are useful, but it's not the same as being able to unpick a little bit, and talk around issues and do all of the good listening skills, the non-verbals, the reassurance, the reframing, rephrasing, turning into solutions, reassuring them that it is not their fault and responsibility – all of those kind of things... just having another human being share that process with them and help them kind of rethink and reprocess I think it is much more helpful than just having a piece of paper' (LA 8).

One interviewee commented on links between a perception of being supported and successful outcomes:

'But I do still think that there is a big thing about the management of the school and people feeling supported because there is some evidence that people who do well after an incident are those who felt supported - it's about perception' (LA4).

Overwhelmingly, the conclusion was that the written word alone was insufficient. For example, when describing working through the guidelines, all but one interviewee was of the view that:

'It was on the basis that someone would be there to guide them through it ... to say don't worry about that, you know things like the press, we can support them with that, you know, say I'll do that for you so ...' (LA 6).

5.4.8 Summary and discussion of super-theme: CI SUPPORT

In the previous section it had been identified that the purpose of guidelines is to promote CI preparation, facilitate access to support and to provide guidance, information and practical material to school staff in the event of a CI. This section explored the way in which guidelines are used in CI support (RQ2).

5.4.8.1 Contribution of guidelines to preparation

Reference was made to the role of the guidelines in raising awareness and promoting preparation. All eight of the documents refer to preparation; however, the emphasis and level of detail (even pro rata of the documents as a whole) is variable. Four documents concentrate on recommending a plan, one simply signposts training and the remaining three make additional recommendations including practical measures (e.g. establishing a data bank, accumulating relevant books) and proactive teaching (e.g. resiliency programmes, embedding loss and bereavement in the curriculum).

A proactive approach to CIs, through CI preparation, planning and taking measures to prevent and/or mitigate the effects, is supported in the literature (Pitcher and Poland, 1992; see 2.5.4.1). A proactive approach was advocated and fully endorsed by all of the interviewees. However, it is perceived that limited preparation occurs within schools, possibly due to time constraints, complacency and a natural inclination towards the denial/avoidance of a distressing prospect. The likelihood of the guidelines alone impacting upon this situation seems questionable, particularly in the light of assertions that documents are often not read. A more effective approach, used by a minority of LAs, may be to link the guidelines with training, to facilitate proactive consideration of the issues. In such cases it may be prudent to consider the implications of charging specifically for CI training (see BS5) which is at odds with the commitment to maintain CI response as a ‘core service’ and the desire to encourage a proactive rather than reactive attitude in schools.

5.4.8.2 Contribution of guidelines to accessing support

It was identified in chapter 4 (see 4.2.3.4) that guidelines often contain information about how and where to access additional support. Six of the documents in phase 2 contain the number(s) to be contacted in the event of a CI; 4 of them recommend recording/displaying the number(s) in a prominent position in the school. Although not explicit in the majority of documents (possibly to manage expectations), interviewee responses indicate adherence to the key principles of immediacy and proximity (Klingman, 1987) once a request for support has been initiated.

The documents produced by all of the LAs in phase 2 contain a definition of a CI and 3 documents have illustrative examples. As identified in chapter 4 (4.2.3.2) there is a high level of consistency both between definitions in documents across LAs and with definitions given in the literature (e.g. Carroll et al., 1997; McCaffrey, 2004; see 2.2.1).

Responses of participants in the current study indicate that requests for support were generally appropriate (i.e. in line with the definition given in the guidelines). Interviewees cite a role for the document in informing and guiding school staff about when it was appropriate to request CI support. However, previous experience of using the CI service and clarification given during training were also cited as reasons for the generally appropriate identification of CIs by school staff. In addition, allowances made for subjectivity and the option to telephone to discuss matters (e.g. bereavement of an individual pupil) that fall

below the threshold of a CI may mean that services are simply managing inappropriate referrals effectively.

5.4.8.3 Contribution of guidelines to CI response

Responses from interviewees about the way in which guidelines are used in schools indicate that even the most detailed documents are rarely intended to replace direct EP/CIRT support. Interviewees whose guidelines contain recommendations and information consider them a useful vehicle for sharing and reinforcing information. The practical resources can be accessed by staff, and interviewees point out that recommendations can inform the actions of school staff *before* the EPs/CIRT arrive. In only one case did an interviewee refer to independent use of the guidelines by school staff. The intention is generally that guidelines provide a framework for EP/CIRT to work through *with* school staff in the same way that other services use internal documents for this purpose.

The majority of the interviewees highlighted the importance of the school management team retaining overall control. Interviewees were aware of potential issues with a subjective sense of helplessness leaving staff feeling disempowered and looking to ‘experts’ for help. The importance of school managers ‘*maintaining the reins*’ (LA7) was emphasised and interviewees spoke of ‘*working very hard to empower staff*’ (LA4). Despite this, the use of written guidelines as a means of building capacity within schools are not considered to offer a viable alternative to direct support by EPs/CIRTs.

Guidelines may inform expectations of the nature of the support available. Although only 3 documents specified that direct work with students was available, all interviewees identified that they would offer this initially if school staff lacked confidence. The predominant view was that the EPs/CIRT would be flexible in response to the perceived needs of staff within the school. Two exceptions were made to this: psychological debriefing and counselling. Interviewees did not consider counselling to be an appropriate CI response although guidelines appear to be largely unsuccessful in addressing this commonly cited misunderstanding. Only one LA offers debriefing and a second listed it in the guidelines. However, the interviewee went on to report that it was no longer available following concerns about its efficacy. The role therefore of guidelines in clarifying support available and managing expectations is questionable when actual support may be more flexible and on occasion different to that specified in the document.

5.4.8.4 Limitations of guidelines

Interviewees agreed unanimously that '*the depth of shock*' caused by a CI meant that written guidelines could never be a substitute for the support of '*another human being*' (LA8). This rationale is consistent with the defining features of a psychological crisis (Raphael, 1986; Roberts, 2000; see 2.2.2) as, by definition, a CI involves the overwhelming of normal coping strategies in an individual or organisation.

The theme 'being present' highlights benefits afforded by direct support, that is the 'value added' by the physical presence of the EP/CIRT, which includes:

- Providing an 'emotional safety net': reassuring, normalising responses and holding/containing distress.
- Guiding decision-makers through an emotional process: using consultation/interaction to apply generic understanding of trauma related responses/needs to the unique circumstances of the situation/organisation as it presents in real time.
- Supporting the mobilisation of internal resources and the empowerment of school staff to manage the events in a way that is appropriate for their community, whilst concurrently monitoring the situation and, where necessary, intervening to avoid or repair errors of judgement.
- Offering support and guidance to pupils and staff to facilitate emotional processing and channel energy into constructive and collaborative practical activities.

5.5 Summary of phase 2

This chapter explored the role of CI guidelines in EP/CIRT support; based on the current study the following observations are made:

- Despite barriers to sustainability, including recent changes and cuts within LAs and other agencies, participants expressed a high level of commitment to maintaining CI support to schools.
- Factors identified as contributing to the sustainability of a CI service include: links to senior management (and budget streams) within the LA, working collaboratively with other agencies, internal processes within the team (e.g. debriefing) and effective time allocation.

- Multi agency teams can bring the benefit of additional skills and increased capacity; however, all EPs interviewed maintained that psychologists should maintain a key role (as coordinator or consultant) within the team.
- The application of psychological principles and skills is an essential element of CI response. EPs can often build on existing relationships with a school and bring invaluable skills and knowledge at a systemic, group and individual level.
- CI guidelines in the sample LAs began to be produced from the 1990s to provide a consistent service response following increased awareness and requests for EP support.
- The content of guidelines is congruent with the existing evidence base although it appears content is largely a result of cross-referencing other documents supported by reflection on personal experience. Good use appears to be made of original sources by EPs with access to university databases.
- Guidelines are subject to an ongoing process of revision and updating in the light of organisational changes, emerging research evidence and advances in social media. However shortage of time means that revision is sometimes reactive rather than proactive.
- Guidelines are intended to support CI preparation and, in the event of a CI, facilitate access to additional support and guide the actions of school staff, predominantly in mainstream schools.
- Whilst guidelines generally encouraged and signposted training and preparation there appears to be limited CI preparation within schools. This may result from a combination of complacency, lack of time and/or a reluctance to engage with an emotionally difficult subject.
- In the LAs in the sample school staff understand what constitutes a CI and therefore request support appropriately and this was attributed to familiarity with a long-standing service and impact of training along with clarity in the guidelines.
- EPs use specialist knowledge and psychological principles and skills to support the school system to recover. They may engage in direct work with students to facilitate emotional processing and normalisation; however, structured debriefing is uncommon and expectations of counselling continually need to be challenged. Efficacy and autonomy of school staff is promoted.

- Guidelines can be effective in providing information and other material, and may act as a helpful prompt for both school staff and EPs in the emotionally charged atmosphere of a CI. However, the written word is considered an inadequate substitute for direct support that can be tailored to specific needs and circumstances, adjusted for changes in real time and provide reassurance and a ‘safety net’ throughout the whole process of CI response.

Chapter 6: Conclusions

6.1 Introduction

The current research has explored guidelines written and used by EPs for CI support in schools and other settings. This chapter outlines the conclusions, examines the strengths and limitations of the study, identifies areas for further research and discusses the practical implications of these findings for the practice of educational psychology.

6.2 Conclusions

6.2.1 RQ1: Do EPs produce CI guidelines for schools and if so, what is the content?

Phase 1 findings suggest that the production of CI guidelines by EPs is widespread with 83% of LAs in the sample (n=34) verifying the existence of such a document in spring 2013.

In approximately 50% of cases the guidelines were produced exclusively by EPs and in the remainder they were produced by multiagency groups which included EPs. Indications from a limited sample of LAs are that guidelines were initially produced by EPs as part of a gamut of CI support from the 1990s, as EPs began to identify an actual or potential requirement for a service response following local or national CIs. Support is aimed at mainstream schools, although in many LAs it may also be accessed by preschool settings, special schools and occasionally other settings, where involvement is largely through consultation with staff.

All guidelines contain clarification of what constitutes a CI by providing a definition and/or examples; these are consistent with the concept of crisis within the academic literature (e.g. e.g. Carroll et al., 1997; McCaffrey, 2004).

Almost all guidelines contain information to facilitate access to support from the EPS/CIRT. Documents giving details about the EP/CIRT response to such a request indicate that it will be rapid and involve, where appropriate, on-site support; this is consistent with the principles of immediacy and proximity (Klingman, 1987). Over half of the documents (59%) make reference to support from the LA press department which is consistent with Doka's (2013) emphasis on the importance of the media in CIs.

Just over half of the guidelines (59%) outline support available from the EPS/CIRT. Most commonly support involves talking through the process, giving advice about identifying vulnerable individuals, guidance on managing responses, signposting to other services and

providing direct support to pupils and/or staff. Other than direct support, these roles are consistent with recommendations in the literature that EPs should act as consultants and empower staff to draw on internal resources (Brock et al., 1996); this is consistent with Hobfoll et al.'s (2007) principle of promoting efficacy. The exception, the reference to direct work with students, is consistent with the concept of 'teacher timeout' (Sorenson, 1989). In line with current controversy over the efficacy of psychological debriefing only a minority of guidelines offer formal debriefing and some specifically rule out any form of debriefing or counselling.

Almost all guidelines contain recommendations about actions that the school should take in response to CIs. There is a high level of consistency between documents in recommended actions which are in line with recommendations in the literature and also with Hobfoll et al.'s (2007) key principles. Other than the advice about accessing formal debriefing previously referred to, no disagreement was identified when documents were compared with each other or with recommendations in the academic literature.

There is considerable variation in the level of detail within documents, with some guidelines providing brief advice and others offering the theoretical justification for detailed recommendations. The most common recommendations are maintaining or re-establishing normal routines, briefing staff, informing students in small groups, providing an opportunity for emotional processing, identification of vulnerable individuals and contacting support agencies.

Approximately three quarters of documents provide additional information, most commonly about developmentally normal responses to grief and trauma and suggestions for supporting children in such circumstances. Information given is consistent with the academic literature regarding grief, traumatic grief and post-traumatic stress including risk and resilience factors. About three quarters of documents signpost local and national organisations and websites and approximately half provide booklists. Approximately half of the guidelines provide sample scripts and/or templates, the most common being a letter to inform parents of a CI.

Content of the guidelines is largely consistent with the evidence base, however, Phase 2 findings suggest that original sources are only used in a minority of cases, generally facilitated by serendipitous access to university databases. Elsewhere there is considerable 'sharing' of information, particularly from other EPS documents and voluntary organisations. Such plagiarism, whilst considered morally justified, risks unhelpful or possibly detrimental

advice being circulated and conceivably contaminating many documents. Perhaps the most effective protection against this however, comes from the reflective practice of experienced EPs for, although no substitute for rigorous balanced research, ‘the clinical judgement of those with significant experience in crisis management should not be understated’ (p.67, MacNeil and Topping, 2007).

6.2.2 RQ2: How are guidelines used in CI support?

The stated aim of guidelines is principally to support schools and settings in the preparation for, response to and recovery from CIs. To understand the efficacy of the written guidelines it is necessary to consider the context within which they are used. Exploration of the context identified barriers to sustainability of CI support predominantly involving organisational and funding changes within LAs, reduction in staff, and time constraints. These could indicate a greater requirement for the time-efficient approach of providing written guidelines for independent use by schools. However, while a number of contributions to sustainability were identified, which have wider implications for EP practice, no reference was made by interviewees to any benefit of written guidelines in the mitigation of the identified difficulties.

A role for the guidelines in raising awareness and promoting preparation in schools was cited. However, with the identified lack of preparation in schools it is arguable that guidelines alone have had limited success. Guidelines also have a role, along with training and direct contact with EPs/CIRTs, in communicating information to aid the appropriate identification of a CI and manage expectations of support. Given the flexibility of response, which makes allowances for subjectivity and perception of need, the extent to which such matters can be definitively clarified is questionable. Furthermore, inconsistencies in stated and actual practice, for example, including reference to psychological debriefing in at least one document where such practice has been discontinued, raise questions about whether guidelines have a significant role in communicating the support available to schools.

Guidelines appear to have a role in initiating support immediately following a CI by providing clear and practical guidance about making contact. Although it may not always be necessary to visit a school, school staff are encouraged to telephone and discuss their actions with an EP/CIRT coordinator. In such cases, written guidelines may be a useful framework alongside previous experience/training and telephone consultation.

In the majority of cases therefore, although written guidelines may be considered to be a useful vehicle for sharing information and may provide access to practical material the expectation is generally that the EP/CIRT will guide school staff through the process. In some cases this involves working through the guidelines together and the school guidelines provide a framework for the EP/CIRT. In other cases the EP/CIRT draw on a different set of documentation and may produce supplementary templates, scripts and information leaflets appropriate to the situation.

6.2.3 Summary of conclusions

In conclusion, the current research suggests that EPSs continue to offer CI support to schools and other settings and the majority have produced guidelines for schools. Guidelines usually contain information to facilitate access to support and recommendations for actions to be taken in response to a CI. The majority also provide psycho education (e.g. normal responses to trauma) and indicate sources of additional information/support (e.g. bereavement charity websites). Some also supply practical material such as prepared scripts and templates.

Guidelines show a high degree of consistency in the nature of their content and specific recommendations which may in part be due to informal sharing of material between EPSs. The content is consistent with key principles and specific recommendations identified within the academic literature, with the exception of references to psychological debriefing. Guidelines vary considerably in length: some contain comprehensive information while others are brief with supplementary information available if appropriate.

Guidelines may provide a framework and a source of practical materials, information and prompt. However, school staff may struggle to access them in the event of a CI without previous preparation and internalisation of basic principles. The nature of CIs means that even with preparation school staff may be emotionally overwhelmed and reliant upon the reassuring presence of the EP/CIRT to guide them through the process and support them in making appropriate decisions.

6.3 Strengths and limitations of the current research

One of the main strengths of the current study is that it explores an area which has received little research attention previously. The literature review concluded that CIs can have significant negative impact on children and school communities and therefore timely and

effective preparation and intervention is important to protect against debilitating long-term effects. However, whilst EPs may, as explored in chapter 5, be well placed and uniquely qualified to deliver CI support, there are many competing demands on their time. Consequently, the possibility that producing written guidelines may be an effective and efficient use of the EP time warrants further investigation. This exploratory study conducted an audit of the existing situation regarding EP production and use of CI guidelines for schools.

The rigorous approach to the initial sample selection is a strength of the research as it targeted a representative cross sample of LAs in England and Wales and achieved a good response rate. It avoided the difficulties in generalising findings that would have resulted from other potentially more convenient forms of sample selection. The specification of the research population was based on the assumption that all LAs would maintain or buy in an EPS due to their statutory role in SEN procedures. This assumption was largely vindicated, however the research was undertaken at a time of significant change for LA services and SEN procedures and this would not necessarily be a valid assumption in the future. Efforts to achieve a representative cross sample could have been negated by a poor response rate as EPs not actively engaged in CI support may have been less likely to respond. This created a need to pursue a response from identified LAs however ethically there was a limit to contact attempts. Furthermore, given the efforts to achieve initial engagement with an appropriate professional in the LA, it could be argued, with hindsight, that an opportunity was missed to gather additional contextual information from that professional in a consistent manner to supplement analysis of the document.

Systematic content analysis of the written data in phase 1 offers, for the first time, a comprehensive insight into the nature of CI guidelines produced and used by EPs. The main difficulty experienced with data analysis in phase 1 arose from the diversity and volume of written material to be analysed. A narrower focus (e.g. just looking at the role of the EP or specific actions the school should take) would have been more manageable, however as an exploratory study with subject matter that has not been systematically studied before, it is easier to recognise more pertinent foci with hindsight. A pilot study could have been used to facilitate a more targeted focus by familiarisation with a range of documents publicly available (e.g. on LA websites) prior to phase 1 data analysis. However, it was also considered that public availability might mean proactive LAs were excluded from the sample population for ethical reasons, as permission could not be sought for inclusion after their

documents had been analysed. Additionally, an alternative argument would be that exhaustive categorisation (as recommended by Robson, 2011) allowed a more representative overview of the type of material included within the documents. Using conventional content analysis facilitated an explorative approach to the data as categories emerged from the data. Despite some limited previous experience of such documents the intention was to be receptive to the potential variety in the data rather than to assess documents against a preconceived checklist.

Sample selection in phase 2 was partly a pragmatic decision given the willingness expressed by suitable participants from phase 1. Using the self-selected cohort could risk being labelled 'convenience sampling' (Patton, 2002), an approach deliberately avoided in phase 1. However phase 2 required far greater commitment from participants than phase 1. Experience recruiting to the first phase suggested that attempts at more random sampling in phase 2 would result in a high degree of 'self-selection', with many of the phase 1 participants opting out. As Mertens (2010) points out 'because of ethical concerns, all samples are in the end volunteers' (p.325). Therefore, it was reasoned that participants from phase 1 who proactively volunteered to take part in phase 2 would be individuals with a particular interest and involvement in CI intervention and therefore could offer an advantageous level of experience, insight and reflection. Additionally, the guidelines produced by the LAs in phase 2 were representative of the full range of documents analysed in phase 1, ranging from the shortest to the most detailed (as shown in table 3.2). It must also be emphasised that if this cohort had not fully met the criteria other participants from phase 1 would have been approached to take part in phase 2.

A strength of phase 2 is the in-depth exploration of the perspectives of professionals (predominantly EPs) who were actively engaged - and in most cases highly experienced - in providing CI support to schools. The flexibility of semi structured interviews facilitated exploration across the breadth and depth of relevant issues, exploring interesting avenues and taking full advantage of the collective expertise of the interviewees. Additionally, it could be claimed that the researcher, as an experienced EP, was well placed to apply existing professional skills (e.g. active listening, consultation) to elicit useful data using this approach.

Given the geographical spread of participants, telephone interviews were a pragmatic choice, however conducting interviews by telephone has inherent limitations. Telephone interviews lose contextual and non-verbal information as well as sacrificing the opportunity for face-to-face rapport building and monitoring of engagement that might be essential for many

subjects. In this study it was judged that the professional roles of the interviewees made it a reasonable assumption that they would have the confidence and ability to articulate their views to another professional on the telephone. Interviewees had specifically volunteered for a study involving a telephone interview so their willingness to engage in a dialogue using this medium was also assumed. Efforts were made to minimise the disadvantages of this form of interview: at the beginning a neutral conversation took place in an attempt to build rapport and active listening was demonstrated audibly to encourage elaboration. Telephone interviews however, also have advantages over face-to-face interviews, aside from the obvious logistical ones. Conducting interviews by telephone (particularly using hands-free technology) allows the interviewer freedom to make notes or annotate prompt sheets free from the need to appear *visibly* engaged with the interviewee.

A limitation of phase 2 of the current research is that it focused on the perspectives of professionals engaged in CI support when it could be argued that the views of recipients of this support would be more valid in informing developments in practice. This is a legitimate criticism however, with the focus specifically on that of written guidelines it can be argued that the current study was needed to establish the parameters of existing practice prior to further investigation. A related criticism is the potential issue of the researcher's familiarity with the subject matter and efforts were made to minimise any disadvantage by remaining vigilant for potential assumptions. On the other hand, as Oliver (2008) highlights, existing knowledge of the context offers the researcher the potential to 'develop interesting lines of research based upon their sophisticated knowledge of the field' (p.115).

A criticism of the qualitative methodology of semi structured interviews can be that the flexibility which allows exploration of potentially promising answers may also compromise the integrity of the data by influencing interviewee responses. Awareness of this issue is an important first step towards counteracting it and efforts must be taken to ask open questions and allow interviewee rather than interviewer to decide direction (Smith and Eatough, 2007). At the end of the interview interviewees were given the opportunity to raise any further issues in an attempt to capture information that had not been addressed by the questions.

Thematic analysis is 'a relatively easy and quick method to learn and use' (Robson, 2011, p.477) and initial identification of superficial themes is fairly straightforward. However, as Braun and Clark (2006) emphasise, it is important that sufficient attention is given to the full process, which is lengthy and extremely time-consuming. Following Braun and Clark's

(2006) step-by-step guide (see table 3.4) and adhering to their criteria for good practice (see appendix 9) supported a robust method of data analysis.

In this study the flexibility and process of constant comparison supported rich interpretation of the data. Interpretation of the data cannot claim objectivity however, in the sense of distance from the interviewees due to the researcher's familiarity with the subject matter. The epistemological stance of critical realism permits this, so long as the researcher remains alert to the potential for bias and therefore repeatedly returns to the original data set to support inferences with direct quotations from the interviewees.

One method of reducing researcher bias and increasing reliability that was considered was 'member checking' (Robson, 2011, p.158), which would have involved sharing the themes identified in phase 2 analysis with the participants and requesting their opinion as to the accuracy. Whilst the opportunity to discuss the themes further with interviewees was attractive it was not initially included in the research design and so it was not considered ethical to approach participants with a request for further involvement. As an alternative a retired colleague, who was familiar with research methods and the subject matter, but previously independent of the research process, provided triangulation, by scrutinising the transcripts and comparing themes with those identified by the researcher. Whilst this was a lengthy process it was important to reduce researcher bias and thereby increase validity.

One criticism of the research design is the absence of a pilot study. Data analysis in Phase 1 had already fulfilled one of the major functions of a pilot study as it was used to refine the content of the interview schedule. Furthermore, the value of using the first one or two interviews as a pilot study, to provide what Robson (2011) terms a 'dress rehearsal', was weighed against the loss to the final study of the data from those interviews, particularly given the limited availability of subjects. On balance it was decided to commence the interviews with the intention of capturing all of the data in the main study. Initial analysis (phase 1: familiarisation with data) was carried out immediately after each interview and so would have permitted this approach to be reconsidered had any issues been highlighted following the first one or two interviews.

A limitation of the current research is that being based on a single interview per participant it does not allow for further exploration of potentially interesting areas that emerge during data analysis. This issue may have been circumvented by conducting a small number of pilot interviews prior to data gathering in phase 2 to allow the area of focus to be refined, or

alternatively, through a research design that involved more than one interview per participant. However, this approach potentially jeopardises the number of participants and hence the range of data available for phase 2 of the analysis and so, even with hindsight, the most productive route may be to consider this as an initial exploratory piece of research which highlights a number of areas for further study.

6.4 Future research

The current research is an exploratory study into EP production and use of CI guidelines for schools. This area has received little attention previously and the study has opened up a number of interesting possibilities for future research.

Whilst exploration of CI support requires a sensitive approach there is considerable need for more research in this area. Much of the existing literature reflects the perspectives of supporting professionals and the views of service users are largely unreported. Sensitive evaluation of support received following a CI might identify approaches and advice that were considered most beneficial, which would extend the evidence base and give service users and possibly, with extreme caution, the students themselves, a voice.

The current study revealed a variation in practice between services producing comprehensive guidelines for use by schools and those taking a more minimalist approach. Further research could compare and contrast the views of service users regarding the level of detail that is most beneficial.

In addition, detailed guidelines require some level of familiarisation in advance and preferably sufficient preparation to internalise the rationale behind recommendations. An interesting line of enquiry would be to examine CI preparation within schools with particular reference to the extent to which guidelines have been read beforehand.

The current research identified a difference of opinion regarding the requirement for EP involvement in CIs. Questions were raised as to whether psychological support (e.g. PFA) could be as effectively delivered by non-psychologists and whether a multiagency CIRT might be preferable to an exclusively EP response. Further systematic exploration of this area might be helpful in informing the organisation of support in the future.

6.5 Implications for the practice of educational psychology

The current research is grounded in the practice of educational psychology; the intention was to study existing practice and thereby inform future developments. A logical next step would be to use information about current good practice to create, circulate and then systematically evaluate a 'model' document for schools and settings.

Incidental to the main focus of CI guidelines for schools, issues were raised about the delivery of CI support more generally and so it is perhaps pertinent to consider the wider context first. CIs will continue to impact upon schools and in many LAs other avenues for support may be limited. It may be argued that the application of psychology is at the heart of CI intervention and therefore, while skilled professionals from other disciplines may become proficient in PFA, the range of knowledge and skills possessed by EPs makes them uniquely qualified to offer this support to schools.

EPs have been actively engaged in CI support for many years; however, the current economic and political changes may present barriers to sustaining this. Unlike the statutory EP role, CI response is unpredictable and reactive. While LAs may be reliant on their EPs when CIs occur, proactive arrangements to accommodate incidents of any magnitude may not automatically be considered in LA decision-makers' planning. One approach to alleviate the potential strain on EPs may be having a wider pool of staff available through a multiagency CIRT. It would be argued, however, that EPs should retain a major role in a multiagency CIRT, providing training, consultation and psychological advice.

Increasingly EPSs are required to charge for services formerly delivered freely to schools. This presents an obvious difficulty where the withholding of support due to funding issues would be unethical and unacceptable. The practice of charging for CI training, while morally less abhorrent, is counter-productive as it may discourage preparation and a proactive approach. The model of schools 'buying in' to a CI service which provides free training and telephone consultation for everyday bereavement alongside the 'insurance policy' of full-scale CI support if required would seem to offer a sustainable solution.

6.5.1 Recommendations about EP involvement in CIs

The role of the EP in direct CI support for schools and settings was highlighted during the study. Recommendations will now be made for EP actions in CI support, organised according to Hobfoll et al.'s (2007) key principles.

Promotion of a sense of safety

- In preparation, support school staff in developing a supportive emotional climate with attendant belief system within the school in order to facilitate reestablishment of sense of safety post CI.
Examples: promote or deliver evidence based emotional literacy initiatives, such as resiliency programmes; anti bullying approaches.
- Facilitate mobilization of rapidly accessible support from outside agencies, including EPs, as required.
Examples: clear guidance on how to request help; LA processes that allow rapid response; EPs in state of ‘CI readiness’.
- Support school staff in communicating clear, appropriately worded information in a timely manner to ameliorate the fear engendered by uncertainty and provide reassurance of a planned response.
Examples: Assist at briefing to all staff to share information, plans and guidance on support for pupils; devise consistent message to be delivered to pupils in groups, in familiar settings by trusted adult; adapt template letter for parents; help head teacher to word statement for press or school website.
- Assist senior managers in planning the response including re-establishing routines and devising a clear plan to promote a psychological sense of safety.
Examples: plan schedule for the day including timings for dissemination of information and adjustments to timetable; designate room(s) for distressed pupils.
- Assist senior managers and pastoral staff in identifying those at risk and planning for their safety.
Examples: using information about risk factors to identify vulnerable individuals; providing guidance on increased and/or differentiated support for these pupils; supporting ongoing monitoring and advice about referral for more specialist support.

Promoting calming

- In preparation, support school in promoting positive mental health and emotional literacy.

Examples: promote or deliver evidence based emotional literacy initiatives aimed at reducing anxiety and increasing emotional regulation, such as mindfulness, in-school counselling, stress management programmes.

- Offer reassurance and emotional containment through being physically and emotionally present in a calm and supportive way.

Examples: provide a ‘listening ear’ for the head teacher and other staff; normalise stress responses; model age appropriate approach to supporting overwhelmed individuals.

- Assist in setting up and staffing designated room(s) for overwhelmed individuals, to allow containment of obvious distress and opportunities for additional support.

Examples: help gather art or other creative materials to allow intense emotions to be expressed; encourage staff to listen to children who need to talk; contribute to group work or discussion working alongside school staff.

- Support provision of soothing activities, either through encouraging the use of existing approaches or teaching new ones.

Examples: suggest/teach grounding, breathing or relaxation exercises that can be used in class or in small group if anxiety levels become high.

Promotion of sense of self and community efficacy

- In preparation, encourage proactive measures that facilitate a timely and effective response from senior managers and other staff if and when a CI occurs.

Examples: provide CI training for school staff to allow internalisation of principles and rationale in advance; encourage preparation of materials and CI plan; provide guidelines that can be used as a prompt and framework in the event of a CI.

- Empower head teacher/senior management to make decisions that are appropriate for their community.

Examples: ask about and validate actions already taken; guide decisions (e.g. by offering suggestions based on evidence) but avoid prescribing actions.

- Support pupils and staff in understanding, and gaining cognitive mastery over, the situation and thereby reduce feelings of helplessness.

Examples: provide staff briefings and parent meetings to provide psycho-education, promote discussion, and give opportunity to ask questions; support pupils in working

through and understanding experiences in a manner appropriate to their development age and individual needs.

- Channel emotional energy in practical and creative commemoration activities and rituals to promote a sense of self and community efficacy.

Examples: planning a special assembly; planning and implementing a memorial garden.

Promoting connectedness

- In preparation, encourage approaches and deliver interventions to promote a sense of belonging and community and reduce social isolation of vulnerable individuals.

Examples: help staff to set up peer mentoring; deliver circle of friends.

- Create opportunities to bring people together wherever possible to promote social cohesion, collective purpose, mutual support and a sense of coming through the tragedy as a community.

Examples: support class teachers and tutors in classroom discussion that promotes normalisation of shared experience and responses; remind staff to be vigilant and to support each other.

- Plan for appropriate acknowledgement and management of the loss of a member of the school community.

Examples: setting up a book of remembrance with plans for it to be shared with family; advice on managing a spontaneous temporary site for floral tributes.

- Support contact with the bereaved and injured.

Examples: support head teacher to write to bereaved family; make and send cards to an injured pupil; plan for return to school of bereaved or injured pupil.

Instilling hope:

- Whilst acknowledging the distress, look for opportunities to support a positive outlook to promote optimism and the expectation of recovery.

Examples: use a solution focused approach to pick up on strengths and positives; find opportunities to take stock and acknowledge achievements along the way.

- Reflect on incident post recovery to build resilience.

Examples: support senior managers in evaluating the response, looking for improvements to the CI plan and reflecting on their achievements in managing and recovering from the CI.

6. 5.2 Recommendations about CI guidelines

The current research explored the role of guidelines in CI support and at the outset it was considered that they may alleviate some requirement for direct involvement. This does not appear to be the case in the current sample and compelling arguments were made for the necessity of direct support from the EPS/CIRT. It is indeed true that the defining features of a CI - overwhelming of normal coping strategies, psychological disequilibrium and the perception of threat and helplessness - would indicate a requirement for support from outside the organisation. However, in recognising the role of subjectivity it may be argued that with preparation, previous experience and a reliable framework to work from some incidents that might otherwise be classified as CIs may be managed internally or with minimal external support. Guidelines produced by EPs, including clear recommendations for actions, may provide such a framework. However, it is important that the rationales behind such recommendations are internalised in advance of any crisis situation which highlights the need for preparation and training.

In conclusion, the following recommendations may be suggested regarding CI guidelines to schools:

- Embedding guidelines within training will facilitate proactive familiarisation with content and internalisation of strategies and rationale prior to any CI.
- Keeping recommendations for actions in the event of a CI simple and straightforward with further details provided in supplementary appendices or handbook may facilitate access during a crisis situation.
- Using the framework within the guidelines to scaffold both the initial telephone discussion and where appropriate, direct support, may clarify and reinforce the process and ultimately empower staff to manage at least some CIs independently.
- Providing practical material such as scripts, templates and information leaflets means material can be prepared ahead and easily accessed as required.

Finally, when CIs overwhelm normal coping mechanisms a written document is no substitute for direct support from sensitive and skilled professionals who can tailor responses to the

individual situation and sensitively guide staff through the emotional process. Written guidelines however, can provide opportunities for internalisation of information in preparation for CIs and scaffold responses when they occur and in so doing can play an important role in empowering school staff and increasing their capacity to manage some incidents with minimal support. It is argued therefore that well written guidelines with evidence-based content should be embedded within an overall approach to CI support. EPs are uniquely qualified to deliver this support to schools and other educational settings.

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Appendix 1: CIs in the literature (North and Suris's taxonomy, 2012)

<p>N</p> <p>A</p> <p>T</p> <p>U</p> <p>R</p> <p>A</p> <p>L</p>	<p>1953 Vicksburg tornado, Mississippi (Bloch et al., 1956; Silber et al., 1958)</p> <p>1955 Mississippi tornadoes (Perry and Perry, 1959)</p> <p>1962 Oregon cyclone (Crawshaw, 1963)</p> <p>1963 Skopje Earthquake, Yugoslavia (Moric-Petrovic et al., 1972)</p> <p>1972 Southern Californian earthquake, (Blaufarb and Levine, 1972)</p> <p>1974 Cyclone Tracy, Darwin (Milne, 1977)</p> <p>1983 Australian bushfire (McFarlane et al., 1987)</p> <p>1985 Mexico City earthquake (Berman and Roel, 1993)</p> <p>1986 Italian earthquake (Galante and Foa, 1986)</p> <p>1988 Armenian earthquake (Goenjian et al., 1995; Yacoubian and Hacker, 1989; Goenjian, Walling, Steinberg, Karayan, Najarian and Pynoos, 2005; Najarian, Sunday, Labruna, Barry, 2011)</p> <p>1989 Hurricane Hugo (Lonigan et al., 1991; Shannon, Lonigan, Finch and Taylor, 1994)</p> <p>1990 New Madrid earthquake (Kiser, Heston and Hickerson, 1993)</p> <p>1992 Hurricane Andrew, Florida (Shaw, Applegate and Schorr, 1996; La Greca, Silverman, Vernberg, and Prinstein, 1996; Field, Seligman, Scafidi and Schanberg (1996)</p> <p>1994 Australian bushfire (McDermott and Palmer, 1999)</p> <p>1995 Kobe earthquake in Japan (Uemoto, Asakawa, Shizuo, Kiyoshi and Inui, 2012)</p> <p>1997 Jarrell tornado in Texas (Knox and Roberts, 2005)</p> <p>1998 Hurricane Georges (Felix, You and Canino, 2013)</p> <p>1999 Taiwan earthquake (Shen, 2002)</p> <p>1999 Marmara earthquake in Turkey (Wolmer, Laor and Yazgan, 2003; Yorbik, Akbiyik, Kirmizigul and Söhmen, 2004; Bulut, 2009)</p> <p>1999 Pupil death during storm in Bergen (Dyregrov et al., 1999)</p> <p>1999 Parnitha earthquake, Greece (Kolaitis et al., 2003; Roussas et al., 2005; Goenjian et al., 2011)</p> <p>2000 Icelandic earthquake (Bodvarsdottir, Elklit and Gudmundsdottir, 2006)</p> <p>2003 Canberra wildfire (McDermott, Lee, Judd and Gibbon, 2005)</p> <p>2003 Santa Fe flood in Argentina (Aduriz, Bluthgen and Knopfler, 2011)</p> <p>2004 Boxing Day tsunamis (Bronisch, Maragkos, Freyer, Muller-Cyran, Weimbs and Platiel, 2006; Nastasi et al., 2011; Krishnaswamy, Subramaniam, Indran and Low, 2012)</p> <p>2005 Hurricanes Katrina and Rita in Louisiana (Gheyntanichi, Joseph, Gierlach, .Kimpapa, Housley, Franco and Beutler, 2007; Madrid, Garfield, Jaber, Daly, Richard and Grant, 2008; Dean, Langley, Kataoka, Jaycox, Wong and Stein, 2008; Madrid and Grant, 2008; Osofsky, 2008; Pane et al., 2008; Rowe, La Greca and Alexandersson, 2010; La Greca, Silverman, Lai and Jaccard, 2010; Brown, Mellman, Alfano and Weems, 2011).</p> <p>2005 South Australia bushfire (Yelland et al., 2010)</p> <p>2007 Wildfire in Greece (Papadatou et al., 2012)</p> <p>2008 Sichuan earthquake (Margolin, Ramos and Guran, 2010; Han, Zhang and Zheng, 2011)</p> <p>2009 Red River Flood in North Dakota (Gordon, Bresin, Dombeck, Routledge and Wonderlich, 2011)</p> <p>2009 L'Aquila earthquake in Italy (Dell'Osso et al., 2011)</p>
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T	1937 New London school explosion in Texas (Wall, 2008)
E	1959 Chicago school fire (Segraves, 1959)
C	1966 Aberfan mining disaster in Wales (Lacey, 1972; Morgan et al., 2003)
H	1972 Buffalo Creek flood, West Virginia (Newman, 1976; Green et al., 1991)
N	1973 School bus - train collision, New York State (Tuckman, 1973)
O	1977 Crane - school overpass accident, Michigan (Blom, 1986)
L	1984 Bhopal toxic gas leak (Gerson, 1990)
O	1985 School bus -train crash, Israel (Klingman, 1987; Milgram, Toubiana, Kilingman, Raviv and Goldstein, 1988; Toubiana, Milgram, Strich and Edelstein, 1988)
L	1986 Challenger Space Shuttle Mission (Blume et al., 1986; Terr, Bloch, Michel, Shi, Reinhardt and Metayer, 1999)
O	1987 <i>Herald of Free Enterprise</i> ferry disaster (Yule and Williams, 1990; Yule and Gold, 1993)
G	1988 Sinking of the cruise ship <i>Jupiter</i> (Yule et al., 1990; Yule, Bolton, Udwin, O’Ryan and Nurrish, 2000; Udwin, Boyle, Yule, Bolton and O’Ryan, 2003)
I	1994 Crash of Flight 427, Pittsburgh (Stubenbort et al., 2001)
C	1996 US school coach accident in India (Turner, 2000)
A	1998 Gothenburg discotheque fire in Sweden (Broberg et al., 2005)
L	2001 Volendam cafe fire in the Netherlands (Reijneveld et al., 2003)
	2000 Tuvalu school dormitory fire (Taylor, 2000)
	1974 Terrorist bombing in Northern Ireland (Lyons, 1974)
	1976 Chowchilla school bus kidnapping, California (Terr, 1979; Terr, 1983; Terr, 1991.)
	1976 Murder in Chicago (Dallas, 1978)
	1979 Palestine Liberation Organisation hostage taking (Klingman and Ben-Eli, 1981)
	1987 School shooting (Collision, Bowden, Patterson, Snyder, Sandall and Wellman, 1987)
	1971 Race riots in Florida, (Mottola, 1971)
I	1984 Sniper attack on school in Los Angeles (Nader et al., 1990)
N	Teacher suicide (Kneisel and Richards, 1988)
T	Student suicide (Klingman, 1989; Catone and Schatz, 1991; Callahan, 1996)
E	1990 Stockton school shooting (Poland, 1994)
N	1991 First Gulf War (Klingman, 1992)
T	1993 Violent intruder in Birmingham school, (Mallon and Best, 1995)
I	1994 Jewish community centre car bomb attack in Buenos Aires (Stein, 1997)
O	1995 Oklahoma City bombing (Pfefferbaum et al., 1999; North et al., 1999; Pferrbaum, Seale, McDonald, Brandt and Rainwater, 2000)
N	1999 Columbine High School shootings in Colorado (Addington, 2003; Brener, Simon, Anderson, Barrios and Small, 2002; Fast 2003)
A	2001 September 11 terrorist attacks in New York and Washington (Halpern-Felsher and Millstein, 2002; Saylor, Cowart, Lipovsky, Jackson, and Finch, 2003; Langua et al., 2005).
L	2006 Dawson College shooting in Canada (Seguin et al., 2012)
	2007 Virginia Tech shooting (Fallahi and Lesik, 2009).
	2007 Jokela High School shooting, Finland (Suomalainen et al., 2011).
	2008 Operation Cast Lead rocket attacks in Israel (Wolmer et al., 2011)
	Student captive taking (Daniels, Bilksy, Chamberlain and Haist, 2011)

Appendix 2a: CASP Criteria: Cohort studies

CASP Criteria: Cohort studies	
1	Did the study address a clearly focused issue?
2	Was the cohort recruited in an acceptable way?
3	Was exposure accurately measured?
4	Was outcome accurately measured?
5	Have confounding factors been taken into account?
6	Was follow up complete and long enough?
7	What are the results?
8	How precise are the results?
9	Do you believe the results?
10	Can results be applied to your population?
11	Do the results fit with other evidence?
12	What are implications for practice?

Appendix 2b: CASP Criteria: Review

CASP Criteria: Review	
1	Did the review address a clearly focused issue?
2	Did the authors look at the right type of papers?
3	Do you think all the important, relevant studies were included?
4	Did the review's authors do enough to assess quality of the included studies?
5	If results have been combined was it reasonable to do so?
6	What are the overall results of the review?
7	How precise are the results?
8	Can results be applied to your population?
9	Were all important outcomes considered?
10	Are the benefits worth the harms and costs?

Appendix 3: Request for Participation (Phase 1)

Dear

I am an Educational Psychologist with Wiltshire Local Authority and am conducting research into EPS Critical Incident support for schools as my doctoral thesis through Cardiff University. Further information is provided on the attached sheet.

I plan to begin by looking at written guidance produced by EPs for schools to support them in preparing for or responding to a CI. Documents produced by the EPS that are used internally so may provide background information would also be of interest.

I am contacting you to ask for permission to use any relevant documents produced or contributed to by your service. I would be very grateful if you would give me access to any documents either as electronic attachments or by signposting the location of documents published on the web. For documents only available as hard copies I would be very happy to send a stamped addressed envelope. I would appreciate it if you could explicitly say in your return communication if you are happy for your document to be used confidentially and eventually anonymised (as specified in the information sheet). If your service have not produced any CI related documents for schools it would be helpful if you could let me know.

In the second stage of my research I plan to interview a small number of EPs to explore CI support to schools in their authorities. It would be helpful to know if this is something you may be interested in participating in. I will provide further details nearer the time and there is no expectation that by allowing me access to documents at this stage you need to have any further involvement.

With grateful thanks in anticipation of your response

Best wishes



Lead Professional Educational Psychology

Wiltshire Council

Appendix 4: Information Sheet for Participants

Working title: Educational Psychology Service (EPS) Critical Incident (CI) Guidance for Schools: what guidance is produced, what evidence is it based on and how effective is it?

This research grew from an interest in the role of the EP in CI response. The aim is to explore written guidance produced for schools by EPs and follow this with interviews to further explore how this guidance is produced and used.

The researcher has been employed by Wiltshire Local Authority for over 10 years as a chartered Educational Psychologist. She is currently undertaking a part time Doctorate in Educational Psychology (DEdPsych) through Cardiff University under the supervision of Dr Simon Griffey.

Commitment from Participants

The initial request is to give access to and permission to use any CI Guidance for Schools produced by the participant's authority.

For the second part of the study (which will involve a minority of participants from the initial stage) will involve a semi-structured interview further exploring issues relating to the guidance and CI practice. The interview will take approximately 45 minutes and will be conducted at the most convenient time and location for the participant either by telephone, Skype or in person. The interview will be tape recorded.

Consent

The EP responding to the initial email (e.g. attaching a document, sending a hard copy or explicitly directing the researcher to a web based document) is asked to state explicitly that the researcher is given permission to use that document for the purposes of the research. The assumption will be made that the EP providing access to the document has the authority to do so. This consent can be withdrawn at any point up prior to the data being anonymised.

Participants in the interview will be given further information about the research and the opportunity to ask questions. They will then be asked to sign a consent form. They will be free to stop the interview at any stage or not to answer any questions they do not wish to answer without giving any reason.

Confidentiality

All documents will be regarded as confidential. Specific details will only be used for the purpose of this research and the document will remain the property of the publishing authority. All information will be coded and anonymised and so the authority will not be identifiable in the thesis.

The interview will be taped and transcribed for research purposes but all data will be stored securely and kept confidentially during analysis so that only the researcher will be able to trace the information back to the individual participant. Information from the interview will be coded and anonymised within 3 months of the collection date after which the tapes will be destroyed. After this stage neither the interviewee nor the originating authority will be identifiable. The participant may ask for their records to be destroyed at any stage prior to the data being anonymised. In accordance with the Data Protection Act the participant can request access to their information at any stage prior to the data being anonymised.

Contact details

Kate Hindley Lead Professional Educational Psychologist
County Hall, Trowbridge, Wiltshire BA14 8JN
Email: kate.hindley@wiltshire.gov.uk
Tel No: 01225 713021

In case of complaint please contact:

Dr Simon Griffey, Research Director, DEdPsych Programme
School of Psychology, Cardiff University
Tower Building, Park Place, Cardiff CF 10 3AT
Email: Griffeysj@Cardiff.ac.uk
Tel No: 029208 75393

Thank you for taking the time to read this!

Appendix 5: Request for Participation (Phase 2)

Dear

I hope things are well in

I am contacting you again because I have completed the first part of my research into EPS Critical Incident support for schools in which you very kindly allowed me use your service's guidance.

As I mentioned in my email in the second stage of my research involves interviewing a small number of EPs to explore CI support to schools in their authorities. At the time you indicated that this may be something you would be willing to participate in. Of course I realise that things change and I can fully understand if you are no longer able to commit to this.

The interview is semi-structured and explores issues relating to your service's guidance and CI practice. I am interested in finding out more about how the document originated, how it is disseminated and how it is used in schools. The questions will also explore the content of the guidance and relate this to your service's experience in supporting schools with CIs.

The interview will take approximately 40 minutes and will be conducted..... (by telephone/Skype/in person) at the time and location most convenient to you. I have attached a consent form and if you are able to take part I would be grateful if you could return in the SAE provided.

Please let me know if you have any questions. You are under no obligation however if you felt able to take part I would be delighted to hear from you.

With best wishes



Lead Professional Educational Psychology

Wiltshire Council

Appendix 6: Consent Form

School of Psychology, Cardiff University Consent Form

I understand that my participation in this project will involve a semi structured interview which will take approximately 45 minutes.

I understand that participation in this study is entirely voluntary and that I can withdraw from the study at any time without giving a reason.

I understand that I am free to ask any questions at any time. I am free to withdraw or discuss my concerns with Dr Simon Griffey (contact details provided).

I understand that the information provided by me will be held confidentially, such that only the researcher can trace this information back to me individually. Tape recording will be deleted once the contents have been transcribed and anonymised (within 3 months of collection) and that after this point no-one will be able to trace my information back to me. I understand that I can ask for the information I provide to be destroyed at any time until the data has been anonymised and I can have access to the information up until the data has been anonymised.

I also understand that at the end of the study I will be provided with additional information and feedback about the study.

I, _____(NAME) consent to participate in the study conducted by Kate Hindley (School of Psychology, Cardiff University) with the supervision of Dr Simon Griffey.

Signed:

Date:

Appendix 7: Interview Schedule

Introduction

Thank you very much for agreeing to take part. You've read the information about the research? And the details about confidentiality, anonymity and so on? Is there anything you want to ask about before we start? So I have 'informed consent' to be interviewed?

So it's a semi structured interview: I have questions here, but please add in anything of you think might be relevant. If you want to stop at a time just let me know.

I'm interested in CI support and particularly the role of guidelines written for schools. I have DOC (*give name of specific LA/EPS document*) in front of me. Do you have it there?

Questions

First of all could you give me some background information to critical incident response in LA (*name of authority*)?

Where necessary prompt for: interviewee role; responding team composition – EPS/multiagency; current organisation; development of team/ involvement.

So my particular focus is the written guidance. Could you tell me more about DOC?

Where necessary prompt for: origin; author(s); sources; revision over time to current form/review; evidence base

AND *motivation/reason to produce; aims/purpose/ethos access; intended audience;*

(Refer to PAGE where appropriate)

I'm interested in how CIs are identified and understood by schools. PAGE (give page number in DOC) gives a definition of CI / DOC does not include a definition. Do you think schools understand what constitutes a critical incident?

Where necessary prompt for: in/appropriate referrals; use of examples in text; alternative responses; how it is addressed; whether document supports this.

PAGE is about preparation/ DOC does not refer to preparation. Can you tell me about preparation for CI response in LA?

Where necessary prompt for: how/why schools prepare/do not prepare; training; other recommendations e.g. resources, curriculum; service preparation.

PAGE gives details (or DOC does not give details) of the support available from the EPS/CI team support. Can you tell me more about this?

Where necessary prompt for: processes: for first contact; decisions re-visit; when? Who? How many?

AND *role; nature of work undertaken: systemic; consultation; direct work; debriefing et cetera.*

AND *links to DOC especially inconsistencies/specific roles not referred to; how accurate a reflection of actual practice.*

AND *how well this fits with the school's expectations; how helpful/unhelpful DOC is in this respect; tensions that arise.*

AND *whether any distinction between EP and non-EPs if appropriate*

So could you tell me how you use DOC in practice?

Where necessary prompt for: evidence of working document: 'remote' use e.g. telephone; alternative or supplement to direct advice; does school/EP work through it; reference to checklists/exemplars /information leaflets; level of satisfaction with DOC being fit for purpose; how document is evaluated (formally/informally)

And *content: inclusions, recommendations/actions that are different/potentially controversial; omissions e.g. SEN, social media; why this level of detail*

So how do you see the role of written guidance in your CI work?

Where necessary prompt for: what document contributes: feedback from schools; anecdotal evidence of effective use.

And what EP/team member contributes: skills used; application of psychology; anecdotal examples. Can a written document replace direct involvement?

So in conclusion, do you have any comments about DOC or CI response in general?

So that is the end of the interview do you have any questions for me? I will be giving some thought to how best to feedback my findings in a way that might be useful to you and I'll get back in touch in due course.

Thank you very much for your help – I am very grateful to you for giving up so much time.

Appendix 8: Participants Debriefing Form

Educational Psychology Service Critical Incident Guidance for Schools: what guidance is produced, what evidence is it based on and how effective is it?

This research grew from an interest in the role of educational psychologists in Critical Incident response. The research involves exploring written guidance produced for schools by educational psychologists both through analysing examples of guidance and by interviewing practitioners in this field. The aim is gain an insight into existing practice across the UK and to draw conclusions that can be used to inform the practice of Educational Psychologists in the future.

Please be assured that all data will be treated confidentially and will be anonymised after the audio tapes have been transcribed so that no individuals or authorities may be identified. You retain the right to withdraw from this research at any point prior to the information being anonymised without further explanation.

If you have any further questions please contact:

Kate Hindley, Lead Professional Educational Psychologist
County Hall, Trowbridge, Wiltshire BA14 8JN
Email: kate.hindley@wiltshire.gov.uk Tel No: 01225 713021

In case of complaint please contact:

Dr Simon Griffey, Research Director, DEdPsych Programme
School of Psychology, Cardiff University
Tower Building, Park Place, Cardiff CF 10 3AT
Email: Griffeysj@Cardiff.ac.uk Tel No: 029208 75393

Thank you very much for your time and participation in
this research – your cooperation is very much
appreciated!

Appendix 9: Criteria for good thematic analysis (Braun and Clark, 2006)

Process	No.	Criteria
Transcription	1	The data has been transcribed to an appropriate level of detail, the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process. The themes have not been generated from a few vivid examples (and anecdotal approach) but instead the coding process has been thorough, inclusive and comprehensive.
	3	Themes have not been generated from a few vivid examples (and anecdotal approach) but instead the coding process has been thorough, inclusive and comprehensive
	4	All relevant extracts for each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent and distinctive.
Analysis	7	Data has been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organised story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	nough time has been allocated to complete all phases of the analysis adequately without rushing phase or giving it a once over lightly
Written report	12	The assumptions about a specific approach to thematic analysis clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – i.e. described methods and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'.

Appendix 10: Content Analysis of Document (Phase 1)

Children's Services
Educational Psychology Service

Working with Schools when Critical Incidents Happen



A Guide for Teachers

Critical Incidents

What is a Critical Incident?

A **Critical Incident** is a sudden unexpected event that is distressing to pupils and staff. It may be an event that attracts large media attention e.g. Dunblane Massacre, Iraq War or it may be a smaller event causing significant personal upset.

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Examples of critical incidents include:

- A student/staff member lost or injured during a school trip
- Student or staff suicide
- Sudden death of a member of the school community
- The terminal illness of a student or staff member
- A violent attack or violent intrusion onto the school premises
- A disaster close to the school e.g. major transport accident, terrorism

In serious incidents, schools and Children's Services need to act in partnership. Schools are required to have a Critical Incident Policy and an Emergency Plan. Guidance regarding the latter was issued to all schools in October 2003 (School Emergency Plan for On-site and Off-site Incidents).

It is important to draw a distinction between the kinds of incidents listed above and major civil **ci**es requiring a multi-agency response e.g. a plane crash, a nuclear accident. The **mergency** Planning Officer has prepared plans for such eventualities.

Schools are not expected to cope alone with all critical incidents, especially those that involve loss of life or attract extensive media interest. The Emergency Plan Guidance outlines the roles of supporting services and divides incidents into three levels:

Level 1 Incidents limited response dealt with by school
Level 2 Incidents Coordinated responses from Children's Services
Level 3 Incidents Major incidents

In Level 1 incidents, which may include family bereavements, the head teacher may want to seek support from the Educational Psychology Service or the Healthy Minds Hub. Request for any involvement should go directly to the school's liaison EP or to the Healthy Minds Hub Coordinator (Hilary Hickmore).

In the event of Level 2 or Level 3 incidents, the Educational Psychology Service will allocate additional resources to schools, when requested.

The head teacher, or the person dealing with the incident, should telephone 01628-796688 and explain that a critical incident has occurred. The Critical Incident Protocol will then be implemented. Details of the call will be recorded and the school can expect a prompt response from either the liaison Educational Psychologist for the school or the Critical Incident Coordinator.

Developing a Critical Incident Policy

In addition to following the Learning & Care Directorate's Schools' Emergency Plan 2003 guidelines when writing your policy, you may also find it helpful to:

- Good Grief 1 ISBN 1 85302 324 8
- Good Grief 2 ISBN 1 85302 340 X

Responding to traumatic events

Common physical reactions during trauma

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When we experience a threatening event, our bodies automatically respond in a way that helps us to protect ourselves or to prepare to escape from the situation. This is often called the "fight, flight or freeze" response.

Our bodies produce excess adrenaline at such times, which results in an increase in heart rate, blood pressure, muscle tension and breathing rate.

During an extremely traumatic event this reaction will be very strong. Common physiological reactions may include: pounding heart, trembling, shaking, fast breathing, sweating, nausea.

Psychological Responses to traumatic stress

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Common reactions include intense fear, disbelief, numbness, anger and confusion. These are normal reactions to an abnormal situation. Individuals may experience such reactions for a number of days, and even weeks following the trauma.

A great deal of research in recent years has led to a greater understanding about the effect of events that seriously affect the safety of individuals, their families, colleagues or friends.

It is acknowledged that there are common responses to severe stress but that the manifestation of stress will vary from individual to individual.

Understanding that everyone has a difficult time following a shock (although some people disguise it well) can help to reduce the feelings of isolation and further anxieties about the feelings experienced.

Some of the commonly reported feelings in adults include:

Anxiety or fear of being alone or in other frightening situations, of danger to ourselves and those we care about, or of a similar event happening again

Being easily startled by loud noises or sudden movements that remind one of the traumatic event

Flashbacks where images of the traumatic event come suddenly into mind for no apparent reason, or where one mentally re-experiences the event

Physical symptoms such as tense muscles, trembling or shaking, diarrhoea, constipation, nausea, headaches, sweating, tiredness

Lack of interest in usual activities, including loss of appetite and, for adults, loss of sexual interest

Sadness or feelings of loss or aloneness

Shock or disbelief at what has happened, feeling numb or unreal, or feeling isolated or detached from other people

Sleep problems including getting to sleep, staying asleep, dreams or nightmares

Problems with thinking, in concentrating or remembering things

Preoccupation with trauma

Guilt and self-doubt for not having acted in some way during the trauma, or for being better off than others, or feeling responsible for another person's loss, injury or death

"

Informator

Additiona

- Do some things that you enjoy e.g. have a warm bath, listen to music, go for a walk, sit quietly, or spend time with your family pet
- Accidents are more common following a traumatic incident so take great care if driving.

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(eo t)

In the days following the event

- If you begin to feel anxious over the next few days do some breathing exercises. Focus on the intake of several deep breaths and on the letting go of (tension as you breathe out
- Don't make any big decisions for a time
- Re-establish routines but take tasks on gradually and in small steps so you don't do too many things at once.
- Remind yourself that your reactions are the normal result of experiencing traumatic events and will pass in time.
- Continue to build in things that are enjoyable and relaxing.
- Give yourself time to deal with memories of the event and ask for the support you feel you need in the days following the incident.

Adapted from Self-care Brief, National Centre for Post Traumatic Stress Disorder, Department of Veteran Affairs

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Initiating the Emergency Plan

Possible Procedures to be followed
(adapted from **Wise Before the Event- Yule and Gould**)

Short Term- within 12 hours

- Gather accurate information e.1\.
- Assess situation, deliver first aid if necessary e._
- Call emergency services
- Mobilise Critical Incident Response Team
- Ensure safety of all staff and students
- If critical incident off-site, contact police to gain information
- Notify Education Directorate and Governors
- Contact parents of those people involved in incident
- Determine what information is to be shared and how (staff, students, parents, Community, media)
- Contact Educational Psychology Service if you would like support to
 - help to plan the reestablishment of normal routines
 - identify vulnerable students and staff
 - give adults and children opportunity to talk through what happened

S4

Medium Term – 24 to 72hours

- Hold meetings for students and parents
- Arrange meetings and provide support with those staff directly involved with the incident
- Arrange daily briefing meetings for staff to inform and discuss intervention plans
- Make arrangements for any returns to school
- Agree referral procedures for staff and students for individual support

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Add

Recommendations

Support

Add Inf

may wish to involve other adults, perhaps from outside agencies such as members of the Educational Psychology Service in informing the pupils of the incident. Children with previous bereavement/loss/separation experiences and those with special educational needs may also need extra support. Siblings and other close relatives of victims should be informed separately, and where possible, in liaison with parents

- **Prepare well and check facts.** Try and find out what they already might know or think. For instance, has the incident had media coverage? Are there rumours circulating? Check with other adults so that you can give children the truth, as you know it. You may not know everything and it is OK to tell children that you do not know. Rehearse what you might say and think about the age group of the children you will be talking to.
- **Give only essential information.** Keep it simple and avoid jargon and euphemisms. The essential elements to cover are what happened, how it happened, why it happened and what happens next.
- **Keep a close eye on the group.** Look out for children known to be vulnerable, and those that might be sensationalist
- **Take the lead from the children.** Answer questions but take things slowly so as not to overwhelm them. Children need more time to process information when they are anxious.
- **Provide reassurance and comfort**
- **Share their feelings** e.g. "it makes me feel very sad for ... and the family / it will be especially sad for them"
- **Talk about what you might do as a school** e.g. make cards, write poems etc
- **Let parents know what you have told the children.** It will make it easier for them to support their children. In this pack there is an advice leaflet for parents
- **Find time to reflect on what you have done.** This is difficult work and it is helpful to sit down and talk with a colleague or friend afterwards. An Educational Psychologist may be on site to help you reflect as well.



How the Educational Psychology Service can help you

Training

We can offer training to individual schools, or groups of schools, about:

- Loss and Bereavement
- Managing Critical Incidents in a School Setting
- Working with children who have terminal illnesses

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Support for schools when there is a bereavement

S4-

We are always happy to lend resources, or offer support over the telephone, for such events.

Support for schools where there is a critical incident and a significant number of distressed pupils and staff

•4-

Our teams are prepared to support you in such events and this work will take priority over regular school visits. Our response is geared to helping you, as a school, cope with the crisis and resume a normal working environment.

When we know that you would like support we will negotiate with you the nature of that support. It is likely that a group of psychologists and therapists will work with the school and the work may include direct work with pupils and parents as well as school staff. The work is usually brief in its nature and we do not offer long- term counselling. We would be able to advise you about where to obtain further counselling if required.

↑ Support ↓

A3 (cont)

Winston's Wish Clara
Burgess Centre
Gloucestershire Royal Hospital
Great Western Road
Gloucester GL1 3NN

British Red Cross
9 Grosvenor Crescent
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*Centre for Crisis Management and
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93 Old Newton Road
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Samaritans

08457 909090

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Cruse Bereavement

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Victim Support

Cranmer House

39 Brixton Road

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Appendix 11: Section of Transcript Partitioned into Coded Extracts

Extract	coded for
<p>Okay ... So can I ask you where the information for DOC came from originally and what you are using now to revise it? I have masses of resources that I've just collected over the years really –</p>	<p>A lot of information available</p>
<p>It's such an advantage doing a Ph.D. – having access to electronic library materials. And that's one thing I'm really going to push for really – you know that we manage to maintain that after I finished my PhD because I'm constantly on the university site kind of looking for things...</p>	<p>Original source Access to electronic databases through university course</p>
<p>and I get a lot of information from other organisations and things like EPnet obviously so I'm constantly kind of digging out things...</p>	<p>Using information from other organisations/EPs Ongoing review process</p>
<p>...and so one of the things I need to do a little bit more is to kind of organise things into categories and sections, I started to do that with self harm and suicide more just because over the last 6 months over the last 2 years we've had 4 children in the area hang themselves aged between 10 and 15 ...</p>	<p>Organising material into sections Prevalence of suicide</p>
<p>And I get fed up of people saying, constantly saying 'we need training we need training' so I've done it and I'll be rolling that out and that's going to carry on ...</p>	<p>Planning training Demand for training</p>
<p>So I've written information for parents and carers and students on the LA website and they should have put banks of resources to people on there but for some reason that hasn't happened. So so I need to do that more broadly for other aspects of critical incidents. So that's the plan.</p>	<p>Developing resources for different groups Systems in LA</p>
<p>(Request for remind of question – sources of info) Yeah and there is a lot around... Other educational psychology services, is it Gloucestershire think I used quite a lot, they've produced a pack called 'Loss' – I've got several and I'm sure it's Gloucestershire I've used as well ... They might have done it as well ... Done the same.... there's a lot of.... between services....</p>	<p>A lot of information about Using information from other EPSs Uncertain about origin</p>
<p>And a lot of the 3rd sector agencies have produced reports... talking to people that sort of thing.</p>	<p>Using information from other organisations</p>
<p>But I have to say that for me experience is a really big factor, you know having dealt with - I don't know probably 20 pretty significant incidents over the years it just ... You kind of almost intuitively know what's right and what isn't relevant and what doesn't apply and that sort of thing and when you make a mistake you know about it and definitely learn from it (<i>laughs</i>).</p>	<p>Using direct experience Learning from mistakes</p>
<p>And a lot of it is you know almost kind of practical, so I do think if you can channel people into doing something practical</p>	<p>Channel emotion into practical activity</p>

<p>So one school for example the SENCo phoned me and said ‘we’ve had a child die but the head doesn’t want any support’ and I said ‘okay but I’m on this numbers so ring me back if you need to. And then he phoned me back about an hour later and said ‘please come in, the head hasn’t given me permission but we’re chaos’.</p>	<p>Reluctance of head teachers to accept support Delaying request for support</p>
<p>And there were children they didn’t know where they were - some had gone home - some were wandering round - there were groups of distressed children in toilets and cloakrooms and the various classrooms.</p>	<p>Learning by mistakes direct experience</p>
<p>And I walked into one classroom these would year 10 pupils and they were so angry that no one would talk to them; or offered them anything or explained to them and I just said to them ‘here’s a piece of paper write or draw or in some way represent what you’re feeling, rip it up if you’re angry and that helps’ and just doing something practical helped them kind of come together and share more in a structured way with each other and it so calmed the situation</p>	<p>Channel into practical activities –students Collaborative activities emotional processing Direct work when needed</p>
<p>and the same for the staff I think, actually channel them into thinking ‘so what information are we going to send out to parents? Practically how we going to support the kids? What are we going to do? When are we going to take name off the register?’ All those sorts of things they give people things to occupy them and take them out of the shock and the feelings really.</p>	<p>Channel into practical activities – staff</p>
<p>So it has things in the pack about that but they just hadn’t done anything and I think that’s where it’s useful to have someone there to actually remind them and cross reference the information and practices that there and follow it up and try and make sure that they are doing some of it really</p>	<p>Don’t read document Need direct support</p>
<p>but I’m not convinced that any of the kind of preparatory stuff ... So I don’t have any schools that have written their own plans for example or have built any kind of loss into the curriculum that much. I think it would make a kind of interesting thread of exploring it really to find out what schools are actually doing ... Or not doing...</p>	<p>Lack of preparation in schools</p>
<p>And why do they not do it do you think? I think in some ways it is not a priority and we all know how precious schools are with curriculum and attainment and all that kind of stuff. And the people who tend to work on pastoral side are often fire fighting with crises so don’t actually have the time to sit and plan and think ahead and prepare. And I think it’s also a topic that is so uncomfortable for a lot of people that you know it’s easier not to do it, to put it to the side of really and assume there will be others to help them if necessary.</p>	<p>Reasons for lack of preparation -too uncomfortable -no time/fire fighting -attainment priorities -someone else will do it</p>
<p>So could you tell me how you use the DOC in CI work? I make reference to it at the first signs of becoming involved in a school; you know I remind them that they have it....</p>	<p>Reference to document</p>