

**Critical Incidents –
Exploring theory, policy and practice**

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Abstract

Responding to critical incidents in school communities has become an established part of the practice of educational psychologists (EPs). Despite this the EP professional journal literature is sparse, the last major study being conducted by Houghton in 1996.

Within a mixed methods design this study aimed to explore various aspects of EP practice in response to critical incidents. Firstly, critical incident policy and EP journal literature was examined to provide a definition of 'critical incident'. Secondly, following a review of relevant literature separate online questionnaires were developed and completed by 39 Principal EPs and 50 EPs to provide an overview of practice in response to critical incidents. Thirdly, semi-structured interviews were carried out with a number of practicing EPs. Within an 'espoused theory / theory in use' framework, the interviews sought to examine EP practice in relation to theory espoused in the relevant professional and policy literature.

The definition generated, which remained robust throughout the study, suggested a systemic impact of critical incidents as well as the impact on individuals and groups. Questionnaire data indicated that critical incident training and policy are now widespread. Debriefing was commonly carried out by EPs following critical incidents and supervision for EPs remained a salient issue. Evaluation of the critical incident work described was largely through informal consultation with school staff.

The thematic analysis of interview data yielded several factors and theories in the practice of EPs that had received relatively little attention in policy and EP journal literature. Consideration of the wider trauma literature led to further suggestions of ways in which these may be applied to EP practice. It is argued that greater consideration of the systemic impact of critical incidents coupled with an awareness of the application of salutogenic and positive psychology approaches can provide balance to conceptualisations based on the negative sequelae for individuals and groups.

Declaration of own work and word count

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

Signed:  (M. A. Beeke)

Word count (exclusive of appendices, list of reference and bibliography):

36,476 words

Acknowledgements

I would like to thank my supervisors, Professor Marjorie Smith and Dr. Karen Majors for their invaluable advice and support. Thanks also to my family for their patience, encouragement and forbearance.

In addition I would like to thank:

- Frank Murphy and David Trickey who instigated my interest in the area and gave generously of their time in discussing the research.
- Karen Houghton
- Suffolk Educational Psychology Service for their help and support.

Dedicated to Katie, Archie and Gwen. I'm back now...

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Chapter One – Introduction

It has been recognised that responding to critical incidents (CIs) has become an established part of EP practice (e.g. Hayes & Frederickson, 2008). CI response has been highlighted in reviews of the work of EPs (DfEE, 2000; Farrell et al., 2006). This has led to many EPSs producing policy documents that outline how EPs should respond to CIs in school communities. Often this is within an interagency response as part of what Farrell et al. (2006) refer to as a Critical Incident Response Team. Within these teams, EPs often play a central role (Farrell et al., 2006). Such policies sit alongside wider local authority (LA) emergency procedures. Policies may also exist at the level of individual schools, detailing how a school should respond to emergencies, and who may be called upon to support the school in their response.

This study seeks to explore the response of EPs to CIs. There are a number of reasons why such a study is timely. Firstly, given that work in this area is seen as an important part of EP practice (e.g. DfEE, 2000; McCaffrey, 2004; Farrell, 2006; Hayes & Frederickson, 2008), research is relatively sparse in the professional EP literature. A number of papers exploring the role of EPs in response to CIs appeared in the mid to late 1990s (e.g. Mallon & Best, 1995; Houghton, 1996; Carroll et al., 1997). Data collected by Houghton provided a baseline for comparison in the development of EP practice in relation to CIs. Investigations of this area have been less frequent in the past decade. Secondly, much of the research produced some time ago was situated in a professional context of EP practice that was considerably different from the current situation. Perhaps the most significant feature of the change of context is the shift to a more interagency model of service delivery. Therefore, an up-to-date investigation that takes account of current professional foci and drivers would appear to be timely. Thirdly, with the role of EPs in CI response well-established (e.g. Hayes & Frederickson, 2008), many services are receiving training in CI response. Some of this training draws on models of trauma from clinical psychology influenced by the medical model (e.g. Trickey, 2009). However the practice of educational psychology is often within

a psychosocial or psycho-educational approach. It has been suggested that effective intervention following CIs might seek to “integrate the strengths of both preventative-immediate and long-term clinical interventions” (Klingman & Cohen, 2004, p. 16). Thus the psychosocial and medical approaches are seen as complementary rather than contradictory, with the potential to provide a comprehensive support package for schools.

1.1 Exploring and defining the construct ‘critical incident’

1.1.1 Towards a definition of a ‘critical incident’

The first task of a reviewer is to explain and define the focus of the review, and the boundaries of what will be covered in the review. This, in itself, presented considerable challenges for a number of reasons. Firstly, in initial exploration, there appeared little agreement in EP journal and policy literature regarding the term by which the construct of ‘critical incident’ is known. The various terms used to describe a CI or similar event included ‘trauma’, ‘disaster’, ‘traumatic event’, ‘crisis’ as well as ‘critical incident’. Secondly, there was the additional problem of the definitions offered as to what constituted a CI or one of the other terms used to describe a similar event. It was apparent from an initial exploration of the EP journal and CI policy literature, that in those instances where the construct was defined there was considerable variation in definitions provided. Thirdly, there was a wide range of literature that might be justifiably considered to contribute to the practice of EPs in response to CIs. This necessitated trawling a wide range of literature and making decisions about what might be professionally relevant to EPs.

As this thesis forms part of a professional doctorate course, it was decided to root the initial exploration of the construct ‘critical incident’ in EP practice, by exploring definitions in the CI policies of a number of EPSs. The potential for tautology should the definitions contained in EP policies be guided by the professional literature was acknowledged. However, the role of policy in guiding what constitutes a ‘critical incident’ in practice was also relevant here. As definitions contained in CI policy were seen as more likely to reflect the

construct 'in practice', the exploration of definitions began with this literature. This process resulted in a working definition being formulated. This definition was then used to guide selection of EP practitioner journal literature. As the working definition remained robust in exploration of this literature, it was adopted for the study. The details of this process are appended (see Appendix 1).

1.1.2 A working definition of a 'critical incident'

The following working definition of a 'critical incident', derived from the pilot procedure described in Appendix 1, is used in this study:

'A [critical incident is a] sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community'

'It may be the result of an accident, criminal act, illness or natural disaster that affects members of the school community, school property or both. An act of suicide or attempted suicide by a member of the school community may also constitute a critical incident.'

Chapter 2 – Literature Review

2.1 Introduction

It can be seen from the emergent working definition that CIs can impact on school communities at a number of levels. Individuals (or groups of individuals) within the school community may be affected, but in addition the definition suggests that a CI will impact on the school as a system as it becomes “overwhelmed” by the event. The role of EPs at both of these levels is also explored initially through reviewing the relevant professional EP literature. The issues arising from these papers are summarised. Following this a review of relevant literature that seeks to explore wider research relevant to response to EP practice in response to CIs is offered.

2.2 Professional literature

The following section summarises the relevant professional literature. The aim is to explore the development of EP response to CIs over time; summarise the key issues emerging for EP practice; relate these to relevant theoretical perspectives; and generate professionally relevant research questions for the current study.

2.2.1 Selection of professional literature

The following inclusion and exclusion criteria derived from the definition were applied. Papers were included if they had a sufficient focus on the role of the EP in England in responding to CIs, as defined by the working definition. This simple inclusion criterion served to maintain a tight focus. This meant that certain areas of EP work and research were excluded. Identifying these areas further clarifies the review focus.

The exclusion criteria are summarised as follows:

- Literature relating to the role of the EP in developing emotional literacy or promoting emotional wellbeing within schools.

- The role of the EP in bereavement work that does not relate to a 'CI' as defined.
- Literature relating to the role of the EP in working with pupils who have suffered serious trauma outside the school community that may not be overwhelming to members of the school community and may not be the result of a sudden and unexpected event.

Twelve papers within the EP professional literature provided a match for the identified criteria. These are reviewed below.

2.2.2 Exploring the professional literature

The first paper exploring the role of the EP in response to CIs appeared in the early 1990s (O'Hara, Taylor & Simpson, 1994). This was followed by a number of papers in the mid-1990s, but there was then a gap of seven years before five more papers emerged between 2004 and 2008.

The temporal patterning of the professional interest in the role of EPs in response to CIs in schools appears to have several contributing factors. Firstly, the papers of the mid-1990s closely followed the publication of the booklet, 'Wise before the event - Coping with Crises in schools' (Yule & Gold, 1993). The availability of the Yule and Gold booklet to schools may have raised the awareness of school staff that help was available in the aftermath of CIs, and that EPs could play a role in supporting schools in such circumstances. The publication is cited by a number of early papers, and aspects of recommended practice adopted in the descriptions given of EP work following CIs in some LAs. A number of tragic events that received extensive media coverage also immediately preceded the publication of these papers. These included 'The Herald of Free Enterprise Disaster' (1987), Jupiter Cruise ship sinking (1988), Lockerbie Aircraft bombing (1988), and the Hillsborough disaster (1989), all of which are mentioned in the literature of the 1990s. Although such events were of a larger scale than those that might constitute a CI in the working definition, the media coverage surrounding them may have served to increase the profile of the psychological consequences of traumatic events, including the sequelae

for children. These papers were also immediately preceded by updated DSM III-R (APA, 1987) criteria for PTSD which stated that such difficulties “can occur at any age, including childhood”. These factors may, in part, explain the cluster of papers published around the mid-1990s.

Many of the early papers appearing in the professional literature included descriptive case study accounts of the ways in which various EPSs had responded to CIs in schools (O’Hara et al., 1994; Cameron et al., 1995; Cornish, 1995; Mallon & Best, 1995; Carroll et al., 1997). The events that EPs described responding to included the accidental death of a pupil (O’Hara et al. 1994), murder of a child (Cameron et al., 1995; Cornish, 1995) an intruder on school premises (Mallon & Best, 1995) and pupil suicide (Cornish, 1995). Some papers also included details on how these services had been set up within the EPS and wider LA systems. Issues arising from practice were also shared. One study used the Impact of Events Scale (IES) to monitor the reactions of pupils six months following the event (Mallon & Best, 1995). Another paper drew on research in PTSD and suggested ways in which this could be applied to EP practice (Randall & Parker, 1997).

Several issues relating to EP practice emerged from these early studies. Firstly, the development of a policy-like document was widely advocated at the level of the EPS. Some papers went further, suggesting that policy should also exist at the level of the LA to ensure a co-ordinated response from a variety of agencies (Mallon & Best, 1995; Cameron et al., 1995). Emergent also was the need for training to prepare EPs to respond to CIs. Supervision was also raised as an important consideration in this work. Interventions often involved a meeting with key staff and direct work with pupils. The work with pupils was often referred to as counselling and frequently used a debriefing model to guide practice. Supporting the school as a system also emerged as salient in many of the interventions described. An eclectic mix of theoretical perspectives was mentioned in these papers. These included attachment, systemic models from family therapy and the stages of grief. The most frequently mentioned theoretical framework was PTSD.

The first major study that sought to look broadly at EPs response to CIs was conducted by Houghton (1996). Houghton's sample was the LA psychology services and Emergency Planning Officers (EPOs) of all 120 LAs in England, Wales and Northern Ireland. The rationale for the sampling was that EPOs have the role of co-ordinating the response of LAs to "disasters" and that the EPS might be involved in supporting school pupils in such circumstances. Houghton sent postal questionnaires and achieved the following response rates - 91 (76%) of psychology services and 59 (49%) of EPOs.

The results reported by Houghton's study provide a benchmark in EP practice in relation to CIs. In the current study, Houghton's results are used to provide comparative data that serve to illuminate the development of the role of EPs in response to CIs over time. The paper provided a definition of a 'critical incident' as below:

"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 (all the more traumatic if witnessed by others), or it could be that the school is subjected to major vandalism such as an arson attack."

(Houghton, 1996: p. 59)

A review of literature that took into consideration wider research into disasters. The review also considered the school's function as a support system. The potential for systems to be disrupted following CIs was also explored. Findings in the paper are often reported in narrative or graph form. The major findings from the study are highlighted below:

- 65% of EPSs were involved in responding to CIs.
- Of those that were involved, 91% had responded in the last year, 73% in the last 6 months and 32% in the last four weeks.
- Reported incidents that EPSs had responded to included road traffic accidents; child murders; suicides of parents and teachers; sudden deaths; and arson attacks.

- Schools initiated the request for involvement in 59% of cases and LAs in 20% of cases.
- 80% of responses were within 72 hours of the incident.
- General advice and counselling were the most frequent interventions. Debriefing was specifically mentioned by 6 EPSs.
- 10% of EPSs had a planned response for CIs, although approximately half the EPSs had drafts or were in the process of drafting a plan.
- 60% of EPSs with a plan said EPs had been given some specific training.
- Only half of EPSs with plans reported that support for psychologists was specified in the document.

These results provide a useful summary of practice as it was in the mid-1990s, and create opportunities for comparative analyses in the current study to plot changes in practice over time. However, in comparing the results to those in the current study, the change in the LA and EPS context was also relevant.

The reasons for the resurgence in interest in the area of EP response to CIs between 2004 and 2008 are not immediately obvious. A number of factors may have contributed to this. Mention was made of CI response in a review of the role of Educational Psychology Services (DfEE, 2000). Specific mention of this role was again made in a subsequent review (Farrell, 2006). The move to more integrated interagency work within EP practice may have renewed interest in defining the EP role within this context. A further contributory factor may have been the publication of the Civil Contingencies Act (HM Government, 2004) that required each LA to formulate an emergency plan with an emphasis on interagency practice. There had also been a number of high profile cases of tragic events within school communities, including the Soham murders (2002), and the murder of Milly Dowler (2002). Many EPSs had begun routinely to respond to CIs in schools as part of their service to schools and this may have led to the development of written policies and procedures. In the 2000s, emotional aspects of learning and children's emotional wellbeing, in general, received increasing attention following indications of the high and increasing

stress levels reported by many children (e.g. Roffey, 2008). This is likely to have prompted more interest in attending to the emotional needs of pupils in school communities, including following a CI. These factors may have had some influence on the resurgence of interest in the role of the EP in responding to CIs.

The papers appearing in the most recent cluster provided some interesting perspectives and raised new issues. These articles include further descriptive accounts from the perspective of an EP and headteacher (Lloyd Bennett & Dyehouse, 2005). Greenway (2005) explored CI response through the use of metaphors "informed by psychoanalytic thinking". She raised the important potential role of the EP "as a systems analyst assessing the health and needs of the organisation over time in support of the senior management team" (p.242), and the potential long-term systemic impact of CIs on "the culture of the school". Posada (2006) considered how psychology could be applied to inform the wider disaster plans of LAs.

McCaffrey (2004) provided a description of a comprehensive "consultancy model" for supporting schools. Although consultation is mentioned in many other papers, this provided the first example of consultation being used as a basis for CI work. McCaffrey described providing support for school systems, consulting with senior staff and devising an action plan. The plan proposed included direct work with pupils, in the form of group debriefing. McCaffrey provided a detailed account of the practice of debriefing as practiced by EPs in Kent, as well as its theoretical underpinnings. Whilst acknowledging the wider debate about debriefing, McCaffrey concluded that it was an appropriate intervention for EPs to employ following CIs.

McCaffrey stated that the overall aim of the crisis support was:

"to promote psychological processing at both the *individual* and a *systems* level (my italics) within the school community, and as a consequence minimise further distress". (p. 111)

This highlights the importance of consideration of both the individual and systems impact of CIs.

Crisis support was embedded within a wider programme of ongoing work in the school focussed on developing the emotional well-being of pupils. The issues of training, policy, working with other agencies, supervision and evaluation were all raised. Whereas many previous papers had largely recounted informal ways in which CI work was evaluated, McCaffrey described the use of an “evaluation sheet” sent to headteachers. She also provided the results of a small evaluation of pupils who had been involved in group debriefing having witnessed a fatal road traffic accident. The IES and a questionnaire to pupils were used as measures. Although McCaffrey reported a significant reduction in many negative outcomes, including intrusive thoughts, it is not clear to what extent the debriefing process had contributed, as no control group was used. This illustrates the difficult practical and ethical issues in evaluating CI work.

The most recent paper (Hayes & Frederickson, 2008) focused on the stress reaction of EPs involved in CI work. This examined in detail for the first time supervisory practice as it relates to EP work in CI response. A model of supervision that focuses on the emotional competencies of EPs was advocated.

2.2.3 Summary of issues arising from the professional literature

In summary, the following main issues have been raised as salient:

- **Training** – the importance of the provision of specific training related to CI work for all or some EPs within EPSs. The inclusion of some CI training as part of initial EP programmes was also raised.
- **Policy** – the importance of having policy at both EPS and LA level is widely documented in the literature, to ensure preparedness and clarify systems
- **An interagency approach** – it is widely recognised in the literature that EPs will often be working with a variety of other professionals in response to CIs. The importance of communication between those responding and clarity over roles were issues that were salient.
- **Interventions** – A variety of interventions were described. These included advising staff on pupils’ reactions, consulting with senior

management, debriefing, counseling, onward referral to other services and others.

- **Supervision** – the importance of supervision for EPs working in response to CIs was widely recognised. Co-working with another EP, the inclusion of supervision in policy and specific supervision related to CI work were issues that emerged.
- **Evaluation** – The ways in which EPs sought to evaluate the impact of their work was discussed widely. This mainly involved informal feedback from schools. However, the IES and questionnaire type evaluations have also been employed.

2.2.4 Summary of theoretical perspectives and aspects of practice

Exploring the theoretical perspectives and aspects of practice that emerged from professional papers had the potential to guide the wider exploration of literature relating to CI response. The theoretical themes emerged at both explicit and latent levels as explicit mention was made of some perspectives, and the use of others has been derived from the practice described. These included PTSD and systems theory. Aspects of practice included debriefing and consultation. The use of consultation and systems theory tended to emerge at a more latent level. General models of loss and bereavement were frequently mentioned, and psychoanalytic theory was mentioned in one paper. These emergent theoretical perspectives and aspects of practice, coupled with engagement with the wider literature on disasters, guided the remainder of the review.

2.2.5 Current position

As the last large-scale survey of EPSs was conducted some fifteen years ago it is difficult to give an accurate picture of the ways in which services respond to CIs. That CI response has become an established part of the work of EPs (Farrell, 2006) has been noted. The context of EP work in relation to wider systems has also changed considerably. For example schools now operate within educational systems that demand schools' accountability largely based on educational attainment. Increasing numbers of schools have greater

autonomy through attaining academy status, especially at secondary level. The profession of educational psychology itself is under major review within ever-changing LA contexts. Related systems including health services are also facing systemic change. This makes a review of the current ways in which EPSs respond to CIs a potentially useful and timely task to be undertaken.

As well as these changes in professional context, the research into trauma response has also moved on considerably in this time. For example, as mentioned by McCaffrey (2004), there has been major academic debate about debriefing. A review of this literature as it relates to EP practice is overdue.

It has been implied in both the working definition and the professional EP literature (e.g. McCaffrey, 2004) that CIs impact on schools at both the individual and systems levels. The impact on individuals is explored first before systemic perspectives are examined.

2.3 Exploring the impact of critical incidents on individuals

The psychological impact of trauma has long been documented. In exploring the literature, three main bodies of research were considered. The first was studies that have focused on the negative psychological sequelae of exposure to trauma. These include studies within a medical / clinical psychological model that explore the construct of PTSD, looking at the difference between what might be considered a 'normal' or 'abnormal' reaction to a traumatic event that may require some form of psychological or other intervention. The second was those which have employed the construct of resilience in conceptualising reactions to CIs. Here the traits and circumstances of those that adjust relatively well to the event and its impact are documented. The final body of evidence goes beyond the concept of resilience and explores the potential positive psychological consequences of exposure to traumatic events (e.g. Linley & Joseph, 2005). This positive psychology approach provides another rich seam of evidence. Developmental aspects of reaction to exposure to trauma have been noted, as have gender and cultural differences. These are discussed in the review when considered relevant.

Before exploring these elements it was deemed important to address the practice of debriefing as a highly salient aspect of practice in relation to EPs response to CIs.

2.3.1 Debriefing

Considerable recent controversy has surrounded the use of debriefing with those exposed to CIs. Major investigations into its efficacy have been undertaken in recent times (e.g. Rose, 2002; BPS, 2002). Descriptions in EP practitioner journals suggest that debriefing is a prominent aspect of EP practice (O'Hara et al., 1994; Carroll et al., 1997; McCaffrey, 2004). An overview of the history of psychological debriefing and the current evidence is therefore offered below.

2.3.1.1 A history of debriefing

The process of debriefing with troops following battles during the Second World War was described by the chief historian of the United States Army, Brigadier General Samuel Marshall (1944). Marshall describes detailed reviews of fighting gathered from troops that explored not only factual accounts of soldiers, but also their thoughts and feelings about what had happened. As well as being a way of establishing exactly what had happened, Marshall noted a perceived positive effect on the morale of the soldiers who had been involved in debriefings of this kind.

Other early crisis interventions described include that of Lindemann (1944) who worked with victims of the Coconut Grove nightclub fire. This was one of the first attempts to describe the process of grieving. Lindemann described deviations from the 'normal' grieving process as "morbid grief reactions". The closeness of the relationship with someone who had died, as well as those who had suffered "previous depressions" were cited as factors that put individuals at risk of problematic grief reactions. Although the ways in which this might be achieved are expressed in somewhat vague terms, the aim of the debriefing intervention was to help the person "to become acquainted with the alterations in his own modes of emotional reaction" (p.199). It was recognised that further access to psychiatric help, so that others such as "ministers and social worker(s)" may

need to be involved in those suffering from what Lindemann described as “morbid grief reactions”.

Another pre-cursor of debriefing was Caplan’s (1964) Crisis Theory. Caplan argued that crises occur throughout life and can be developmental or accidental. The theory posits that, although people normally adjust well to such crises, on occasion these events may compromise the ability of the individual to cope. Over a period of time, if the person does not successfully regain a sense of normality, they can become increasingly anxious and distressed. In such times the aim of crisis intervention, according to Caplan, is to restore the individual to a state of personal autonomy.

2.3.1.2 The Mitchell method of debriefing

The origins of Critical Incident Stress Debriefing (CISD) can be traced back to Mitchell’s (1983) paper. The Mitchell model of debriefing was described for use with members of the emergency services who had been witnesses to mass tragedies. Mitchell claimed that debriefing could “alleviate the acute stress responses which appear at the scene and immediately afterwards and ... eliminate, or at least inhibit, delayed stress reactions” (Mitchell, 1983; p. 36). A CI was seen as an event that caused an “unusually strong emotional reaction” that might interfere with functioning at the scene or later. Although PTSD appeared in DSM III (APA, 1980) this is not mentioned, and Mitchell talks instead of “acute stress responses”.

Although less formal debriefings could be undertaken with individuals or part of a group, it was suggested that the more formal debriefing would be undertaken in a group context. The process described below is that for “The Formal CISD”. Typically it would be led by a “qualified mental health practitioner” and occur 24 to 48 hours after the incident. It would consist of 6 stages and takes 3 to 5 hours to complete.

1. **Introductory phase** – Introductions and rules of confidentiality are established between participants.
2. **The fact phase** – Participants are asked to describe their role and their

physical and sensory experience of the event with the aim of bringing the incident into vivid memory.

3. ***The feeling phase*** – Those involved are asked to describe their feelings about the event, with each person given a chance to talk about their feelings.
4. ***The symptom phase*** – Here participants are asked to describe their own stress reaction by describing their unusual experiences at the event and since.
5. ***The teaching phase*** – Participants are taught about stress reactions, and that such reactions these are "normal and natural" such events.
6. ***The re-entry phase*** – Any outstanding questions are answered and a plan of action devised. Participants advised on where to get extra help if required.

Although described as an effective method for dealing with the stress of those working in the emergency services, no evidence is provided for its efficacy.

A range of other elements was subsequently added to CISD to create what Mitchell (1986) described as a "comprehensive, integrated, systematic and multicomponent crisis intervention program" known as Critical Incident Stress Management (CISM). These elements included pre-incident planning, debriefing, family support, referral and post-incident education.

2.3.1.3 Further models of debriefing

Other models of debriefing have emerged following Mitchell's description of CISD. These have included psychological debriefing as described by Atle Dyregrov (1989; 1997). Dyregrov's model was defined as "a group meeting to review the impressions and reactions that survivors, bereaved or helpers experience during or following CIs, accidents or disasters" with the aim of "reducing unnecessary psychological after effects". (Dyregrov, 1989; p. 25). Dyregrov described a seven-stage process. This differed from the model proposed by Mitchell (1983) in that separate phases for 'facts' and 'thoughts

and sensory impressions' were proposed. A specific version of this for use with children has also been described (Dyregrov, 1991). A variation was described by Raphael (1986). In many ways this was similar to that described by Mitchell and Dyregrov. The main differences was the increased use of direct questioning, an exploration of the feelings of others involved, and a focus on what had been learnt from the experience in the final phase of debriefing.

2.3.1.4 Challenges to the efficacy of debriefing

Perhaps the most influential paper that challenged the efficacy of debriefing as a crisis intervention was the Cochrane Review (Rose et al., 2002) which considered the use of psychological debriefing for preventing PTSD. This was a meta-analysis of nine trials all involving participants over the age of 16 years, identified from a total of 15. The general findings reported suggest that debriefing had a small effect in most cases, and in some cases had adverse effects, with the suggestion made that in two long-term studies "debriefing would appear to have increased long term traumatic distress". These findings led to the recommendation that "single session individual debriefing" was not used with adults following individual trauma. However, the authors were unable to comment, given the nature of the studies included, on group debriefing; debriefing following mass trauma; or the use of debriefing with children.

There has been robust defence of debriefing, particularly CISD (e.g. Mitchell, 2003). This defence sought to differentiate so called 'single session debriefings' from the process of CISD. The assertion was that many of the studies included in reviews such as the Cochrane Review (Rose et al., 2002), had included data from interventions that did not match the protocols of CISD, delivering debriefing in a non-standardised way. It is further argued that such interventions were delivered by people with no training in CISD. Further criticisms of reviews purporting to demonstrate the ineffectiveness of CISD, are that they included studies that had used CISD with primary victims of trauma, and poorly defined interventions, often with heterogeneous groups with differing levels of exposure to the event.

2.3.1.5 Debriefing with children and young people

There is a lack of clear evidence about the use of debriefing with children and young people. A review of the use of debriefing with children and young people was produced by Stallard and Salter (2003). A number of conditions were taken into consideration. Firstly, group debriefing was differentiated from individual debriefing (or child interview). Secondly, the timing of the debriefing was considered. Finally, developmental considerations were taken into account. The effectiveness of debriefing in reducing PTSD symptomatology was assessed, based on “extremely limited” evidence from three studies (Vila et al., 1999; Yule, 1992; and Stallard & Law, 1993). It was concluded that further “controlled, methodologically sound” research would be required, but that there was no evidence to suggest that debriefing may be harmful, and that it may have some benefits with children and young people.

2.3.1.6 Current guidelines

The current National Institute for Clinical Excellence guidelines (NICE, 2005) mention debriefing in relation to the treatment of PTSD, and say:

“For individuals who have experienced a traumatic event, the systematic provision to that individual alone of brief, single-session interventions (often referred to as debriefing) that focus on the traumatic incident, should not be routine practice when delivering services.” (p. 35)

and that

“Operational policies of relevant organisations should contain copies of relevant protocols and implementation plans, which specify that single-session debriefing should not be routinely provided.” (p. 35)

The guidelines indicate that there is insufficient evidence to make specific recommendations about the use of debriefing with children and young people. However, the recommended psychological intervention is “trauma-focused cognitive behavioural therapy ... offered to older children with severe post-traumatic symptoms or with severe PTSD in the first month after the traumatic event” (p. 22).

The British Psychological Society review (BPS, 2002) also provided some guidance following a Professional Practice Working Party review. This considered the aim of debriefing from a more psychosocial, salutogenic perspective as opposed to the Cochrane Review that had considered the aim in relation to PTSD symptoms. The BPS guidelines state that, “the goal of all early interventions should be to maximise the likelihood of a positive mental health outcome using the person’s own adaptive coping mechanisms and support structures”. The summary and recommendations, whilst not endorsing debriefing, recognised a number of issues within the literature that had questioned debriefing. Firstly, the diverse methods of debriefing and the way that they are used (and misused) were recognised. Secondly, the perceived claim that debriefing can prevent the onset of PTSD was challenged. Thirdly, the ethical and practical issues of collecting evidence in crisis situations to evaluate debriefing and other interventions were noted. The authors claimed that because these do not meet the ‘gold standard’ it does not necessarily mean that they are invalid. Finally, a need for further research was identified. A need was also identified to evaluate debriefing and other interventions in relation to specific groups, including children and young people.

2.3.2 Post-traumatic stress disorder (PTSD)

Although essentially a construct used in psychiatry and clinical psychology, PTSD appears in much of the professional EP literature on CIs (e.g. Mallon & Best, 1995; Cameron et al., 1995; Randall & Parker, 1997). For this reason it was deemed useful to provide a brief overview of PTSD, including its history and the current state of the evidence base. The experiences and treatment of adults, children and young people are also considered as EPs frequently work with each of these groups within a school community following CIs.

The term PTSD is used by health professionals in describing what may be considered pathological psychological and behavioural symptoms following exposure to a traumatic event or events. Most studies have indicated that only a small proportion of those exposed to a traumatic event go on to develop PTSD. For example, Kessler (1995) found incidence rates to be 8.1% in men

and 20.4% in women following a traumatic event. Moreover, it was noted that witnessing a one-off trauma such as a death were related to lower rates than events such as being raped. Doubts have been raised about the validity of the diagnostic criteria (e.g. Perrin et al., 2000), and the appropriateness of conceptualising reactions to traumatic events within a pathological framework. The Diagnostic and Statistical Manual of Mental Disorders III (DSM-III) of the American Psychiatric Association (APA) released in 1980 first recognised PTSD (McNally, 2005). It included a description of the type of event that might instigate PTSD, even though it has been suggested in the literature that development of PTSD cannot reliably be predicted from the severity of the trauma (e.g. Yehuda & McFarlane, 1995). The initial criteria stated that those suffering from PTSD would have been exposed to an event that would “evoke significant symptoms of distress in almost everyone” and that the event would be “generally outside the range of usual human experience” (APA, 1980). A triad of symptoms resulting from exposure to such an event were identified. These were the *re-experiencing* of the event, for example through flashbacks; *avoidance* including blocking out emotions; and a state of *increased arousal*. For a diagnosis to be made these symptoms would persist for over one month after the event. No specific mention of children or young people was made in these initial diagnostic criteria.

DSM III-R (APA, 1987) introduced the significant revision that PTSD “can occur at any age, including during childhood”. In addition, certain age specific features of PTSD in childhood were noted. These included distressing dreams and reliving the trauma through repetitive play. This was significant as there had been considerable debate about the applicability of PTSD to children, with some focusing on the resilience of children in response to traumatic events (e.g. Garnezy & Rutter, 1985).

The current DSM IV-TR (APA, 2000) criteria made changes to the description of the event that triggers PTSD. Rather than causing “significant symptoms of distress in almost everyone” and being “outside the range of normal human experience” it was suggested that the event must pose “a threat to the physical integrity of self or others”. In addition there were criteria that related to the

evaluation and impact of the event, namely that “the person’s response involved intense fear, helplessness, or horror.” A specific note was added that, “in children, this may be expressed instead by disorganized or agitated behaviour”.

Proposed future changes to the diagnostic criteria for PTSD (APA, 2010) include a number of revisions that seek to further clarify behavioural symptoms in children. In addition, there is a suggestion that further developmental manifestations of PTSD will be specified in DSM - V.

PTSD also appeared in the latest *ICD-10* Classification of Mental and Behavioural Disorders (WHO, 1992) with diagnostic criteria similar to those that appear in the DCM. The ICD-10 criteria contain a description of the event to which someone must have been exposed, as of:

“an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone (e.g. natural or man-made disaster, combat, serious accident, witnessing the violent death of others, or being the victim of torture, terrorism, rape, or other crime).” (WHO, 1992).

The triad of symptoms – re-experiencing, avoidance and increased arousal – were also noted. The ICD criteria stipulated that symptoms should appear “a few weeks or months” after the event, but rarely after six months.

The National Institute for Clinical Excellence (NICE) guidelines (NICE, 2005) provide guidance on the treatment of PTSD. For adults, consideration is given to the initial response to trauma, trauma-based psychological treatment, drug treatments for PTSD and screening for PTSD. Early trauma response (within four weeks of the incident), according to the guidelines, should not consist of “single-session interventions (often referred to as debriefing) that focus on the traumatic incident”. The concept of “watchful waiting” to see if symptoms develop is instead offered for consideration. In terms of trauma-based psychological treatments, “trauma-focused cognitive–behavioural therapy” is recommended for those with severe symptoms one month after the event. “Eye movement desensitisation and reprocessing” is offered as an alternative psychological treatment for those with PTSD. Drug treatments are

not recommended for consideration except for those people who express a wish not to engage in psychological treatments. Finally, in screening guidelines it is recommended that those responsible for co-ordinating the disaster plan consider the use of a screening tool one month after the event for those at risk of developing PTSD.

The guidelines (NICE, 2005) recommend the following psychological intervention for children diagnosed with PTSD:

“Trauma-focused cognitive behavioural therapy should be offered to older children with severe post-traumatic symptoms or with severe PTSD in the first month after the traumatic event.”

The guidelines go on to recommend that:

“When considering treatments for PTSD, parents and, where appropriate, children and young people should be informed that, apart from trauma-focused psychological interventions, there is at present no good evidence for the efficacy of widely-used forms of treatment of PTSD such as play therapy, art therapy or family therapy.”

However, it should be noted that much of the evidence for the above guidelines was taken from studies that consider the treatment of children suffering from PTSD as a result of childhood sexual abuse. The evidence for treatment of children who have been exposed to what was categorised as “other trauma” is sparse and inconclusive, consisting of the evaluation of two studies.

Within the medical / clinical literature there is the suggestion that exposure to traumatic events may be related to other psychopathologies, such as anxiety and depressive disorders. There is also the suggestion that such effects can be long-term (Yule et al., 2000; Morgan et al., 2003).

In considering the PTSD evidence in relation to EP work in CI response, a number of factors have to be taken into consideration. Firstly, the level of congruence between the type of event that might trigger PTSD as described in diagnostic criteria and an event that might be considered ‘critical’ in EP practice

needs to be considered. The fact that events triggering PTSD can involve repeated exposure to trauma such as war and childhood sexual abuse, as well as single exposure trauma, is also salient. Most of the recommendations contained in the NICE guidelines are based on evidence examining repeated exposure to trauma, and it is recognised in the guidelines that the evidence relating to single event traumas is more limited. As CIs in EP practice are single event traumas this needs to be taken into consideration, as does the extent to which the medical model used in PTSD literature, which is based on pathology and deficit, applies to EP practice. However when considered alongside other perspectives on trauma, it provides a large and long-established body of research with the potential to inform EP work in response to CIs.

2.3.3 Bereavement and the stages of grief

The general constructs of bereavement and loss appear frequently in policy and professional EP literature. A brief exploration of the stages of grief as theorised is offered in this section. Some theorists have proposed the notion that the natural grieving process has a number of stages, and this concept has become widely accepted in society. Bowlby (1961; 1980) and Parkes (1972; Parkes & Weiss, 1983) first suggested a four-stage model characterised by shock-numbness, yearning-searching, disorganization-despair and reorganization. Kübler-Ross (1969) originally developed a model to describe the experiences of terminally ill patients. The Kübler-Ross model included the five stages of 'denial-dissociation-isolation', 'anger', 'bargaining', 'depression' and 'acceptance'. Although widely accepted, this staged model has been the subject of recent debate. George Bonanno has claimed that there is little empirical evidence to support Kübler-Ross model (Bonanno et al., 2002; Bonanno, 2009). Instead he proposed four potential trajectories of 'resilience', 'recovery', 'chronic dysfunction' and 'delayed grief or trauma'.

2.3.4 Resilience

Instead of focusing on the potentially negative sequelae of adverse events, the concept of resilience represents a body of research that focuses on factors that help in coping and the return to normal functioning. Resilience is characterised

by relatively positive adaptation to adversity (Masten & Reed, 2002). It has been claimed that this type of adaptation is a surprisingly common outcome of exposure to adverse events (Masten, 2001; Bonanno, 2009). Common resilience factors have been found. These include individual traits and styles but also systemic factors. Of particular relevance to the current study are the importance of social support networks and a positive educational experience in resilience in adolescents (Rolf, et al., 1990; Rutter, 1999 in Carr, 2004). Despite this obvious relevance, the concept of resilience has received relatively little attention in the professional EP literature.

It has also been recognised that, as well as individuals, groups and communities can display resilience in the face of adversity (e.g. Grotberg, 1997). Some recent studies have sought to bring together research on resilience in systems (e.g. Gunderson, 2000) with that on resilience in individuals. The concept of systemic resilience has been applied to disaster preparation and recovery (Masten & Obradovic, 2007) to suggest ways in which fostering such resilience may help in planning for disasters.

2.3.5 Post-traumatic growth (PTG)

There is a growing body of evidence that, whilst not denying the possible negative outcomes, documents the possible positive psychological sequelae of exposure to traumatic events (Tedeschi & Calhoun, 2004; Milam et al., 2004; Joseph & Linley, 2006) that complements the extensive research into the potential negative psychological outcomes. Taking a positive psychology approach, this phenomenon has been variously referred to as transformational coping (Aldwin, 1994); benefit finding (Helgeson et al., 2006); resilience and thriving (O'Leary & Ickovics, 1995); meaning reconstruction (Neimeyer, 2000); and adversarial growth (Linley & Joseph, 2004). In this study it is referred to as PTG. The idea that there may be personal gain in suffering appears in existential philosophical literature and many major religions (Joseph, 2009). The application to traumatic events can be traced back to Caplan's (1964) Crisis Theory. Recently, it has been argued that a focus on the negative effects of traumatic events gives a biased understanding of people's potential reactions

(Calhoun & Tedeschi, 1998; Linley & Joseph, 2004). Research into PTG seeks to redress this balance and consider the factors associated with PTG. In so doing the aim is to identify paths that lead to “the light at the end of the tunnel” following trauma (Almedom, 2005).

The functional-descriptive model proposed by Tedeschi and Calhoun (1995; Calhoun & Tedeschi, 1999; Tedeschi & Calhoun, 2004) and summarised by Joseph & Linley (2006) provides the most comprehensive description of the process of PTG. The theoretical model proposed suggests that traumatic events may challenge pre-existing schema. This has the effect of destroying previous goals, beliefs and coping with emotional distress. A key element in the process is rumination as people try to make sense of what has happened to them and to deal with the affective impact of the event. It is suggested that this is initially automatic, can be distressing and is the beginning of the reconstruction of shattered schema. It is further suggested that this process can be mediated by the social support available and options for rebuilding schema and beliefs. The ability to disengage from beliefs and goals that have been rendered untenable in the light of the traumatic event is also seen as important. A second phase of rumination follows that is more deliberate. In this phase narrative development occurs that includes a search for meaning. Within this process is the possibility of PTG, with the recognition that distress may also play a part.

Research in the area of PTG (e.g. Joseph & Linley, 2008) reflects three main dimensions of positive psychological growth following a traumatic event. The first is a change in relationships so that, for example, people might value more highly friends and family and consider themselves more altruistic. The second dimension reflects a positive change in the way people view themselves. This may include having a greater sense of personal resilience or strength. Thirdly, people report positive changes in life philosophy. This dimension may be characterised by the renegotiation of what is important in life.

Some research has explored the phenomenon of PTG in children and young people (Kilmer, 2006; Cryder et al., 2006; Clay et al., 2009). Although a relatively recent area of enquiry the evidence suggests that children and young

people can experience PTG. There is some suggestion that age can be a factor, with older children experiencing more PTG (Milam et al., 2004), although the reasons for this are not clear. In adults, some gender differences in PTG have been noted in the literature, with the suggestion that, in general, women tend to report higher levels of PTG than do men (Milam, 2004; Vishnevksy et al., 2010) although some studies that do not support this (Polatinsky & Esprey, 2000). The reasons for this gender difference are not yet clear, although a greater willingness to seek social support has been suggested as one possible factor (Pederson & Vogel, 2007; Vishnevsky et al., 2010). Cultural factors have also been explored to a limited extent with some suggestion that PTG may be culture specific (e.g. McMillen, 2004). However there is some cross-cultural evidence that suggests that the three main dimensions of PTG were found in studies carried out in German (Maercker & Langner, 2001), Bosnian (Powell et al., 2003) and Spanish (Weiss & Berger, 2006). Studies in Japanese (Taku et al., 2007) and Chinese (Ho, et al., 2004) also reported PTG.

There is some tentative evidence to suggest that PTG could also be applicable at a societal level (Joseph & Linley, 2006) and within family systems (Berger & Weiss, 2008).

Some authors have sounded a note of caution about the use of PTG in CI response, claiming that it may be potentially unhelpful and insensitive (Hobfoll et al., 2007; Klingman & Cohen, 2004). Although research in this area is relatively new, it now provides a large body of evidence to complement other areas such as research into PTSD. In common with PTSD, it encompasses reactions to a wide range of phenomena, not all of which may fit with the working definition of 'critical incident'. However, it represents research that has the potential to inform the work of EPs in CI response, providing new perspectives and possibilities for intervention.

2.4 The systemic impact of critical incidents

It will be recalled that the working definition suggests that CIs have an impact on school systems. Schools have been recognised as an important support system for children following traumatic events (Klingman, 1993; Dyregrov, 1991;

Rowling, 2003; Klingman & Cohen, 2004). Social support systems have also been associated with increased levels of PTG. However, the working definition suggests that school systems are overwhelmed by CIs, impairing the school's ability to act as an effective system to support children and young people. This disruption to school systems can manifest in a number of ways. The general organisational chaos within school systems following CIs has been noted (e.g. McCaffrey, 1995). It has also been suggested that such stress can expose dysfunctional systems, compromising the ability of school management to make effective decisions (Houghton, 1996; Capewell, 1994). Thus the school system can function as an important supportive system following a CI, or can become overwhelmed resulting in reduced capacity to support children and young people.

2.4.1 Systems theory

One potential theoretical framework in which the overwhelming of the school as a system can be conceptualised is General Systems Theory (GST) (Bertalanffy, 1968). Of particular interest are the constructs of 'homeostasis' or 'dynamic balance' and 'entropy'. GST postulates that open systems can exist in a state of 'dynamic balance' through drawing in the resources needed to maintain this state. From a GST perspective the potential of a CI to overwhelm a school community can be seen as a potential challenge to the homeostasis of the school system. The re-establishment of 'dynamic equilibrium' can be seen to be dependent on the availability of additional resources in related systems and the successful accessing of these resources. GST postulates that closed systems will necessarily be subject to entropy as they cannot draw in resources from outside the system. However, schools are viewed as open systems existing within wider social systems. As open systems have the potential to draw in resources from outside, the process of entropy can be arrested and even transformed into 'negative entropy'. In relation to CI response, EPs can be one of the resources on which the school can draw. In leading a response team, EPs can also co-ordinate the other resources that are accessed. Thus, EPs can have a role in arresting entropy and helping the system to a new 'dynamic equilibrium'.

2.4.2 Eco-systemic approaches

Other systems, such as family systems, have also been recognised as important in supporting children following CIs. The school may also draw on the support of professionals operating in wider systems within which the school sits. This can include other LA staff, health professionals, voluntary and faith groups etc. Such a multi-systemic approach has been recognised as important in response to traumatic events (e.g. Kingman & Cohen, 2004).

Eco-systemic theory (Bronfenbrenner, 1979) views human development as taking place within a number of interrelated systems. The theory emphasizes the influence of the surrounding environment on development. The influence of the various systems is layered, including those systems in which the child interacts directly (for example family and school systems) and wider systems that may still impact on the child (for example, political systems). The interaction between these various systems, known as a mesosystem, is also seen as important. This is illustrated in the diagram below (see Figure 2.1).

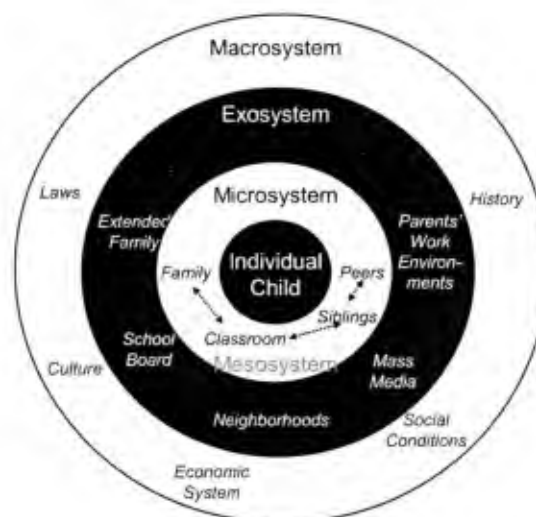


Figure 2.1 – Bronfenbrenner's eco-systemic model of human development

An eco-systemic perspective that facilitates a multi-systemic response can be helpful in co-ordinating interventions and promoting children's processing of an event (Klingman & Cohen, 2004).

2.4.3 Summary of systems impact

School systems have the capacity to act as important supportive systems following CIs. However, traumatic events can lead to organisational disruption and impair the ability of managers to make effective decisions. General systems theory can be seen as a useful way to conceptualise the systemic impact of CIs on schools. Wider systems have the capacity to provide additional support to schools in times of crisis.

2.5 An espoused theory / theory in use framework

This model was seen as useful in exploring the practice of EPs in response to CIs and the theory that underpins practice. In this section a brief outline is offered and an explanation of how this might be applied to the current study.

Espoused theory / theory in use (Argyris & Schön, 1974; 1978; Argyris, 1980; Schön, 1983) is based on the notion that people design and implement plans of action to achieve certain consequences. The extent to which these intended consequences are achieved will provide an indication of the effectiveness of the plan of action and its implementation. A further assertion of the theory is that of the existence of theory at two different levels.

Espoused theory is described as “the world view and values people believe their behaviour is based on” whereas theory in use is “the world view and values implied by their behaviour, or the maps they use to take action”. Argyris (1980) suggested that people become competent through the development of congruence between these two theories of action.

If the plan of action implemented brings about the intended consequence then the actions are seen as effective and thus confirmed as such. If there is a mismatch between intended outcomes and actual consequences then it is posited that there are two potential outcomes. People can simply change the action without adapting the underlying theory. This is known as single loop learning. Double loop learning occurs when the theory on which the action is based is questioned and adapted in the light of experience (see *Figure 2.2*).

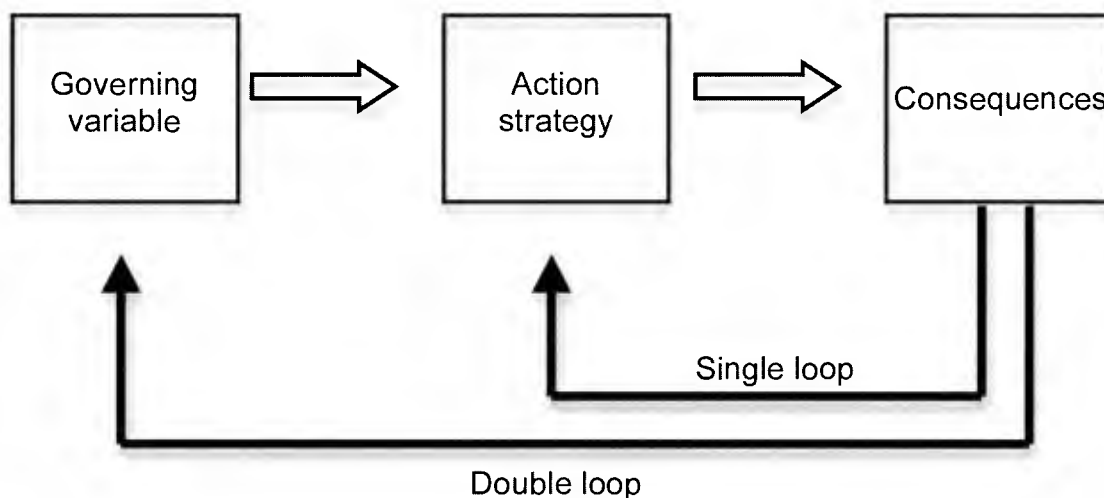


Figure 2.2: Single- and double-loop learning adapted from Argyris (1990)

In the current study this concept is proposed to apply to the practice of EPs in response to CIs. It is hypothesised that EPs may have developed effective theory-in-use through experience of CI work. This is demonstrated by the importance placed on EP experience in the professional journal literature, and high regard that schools often have for the work. However the theories and models on which CI response are based may not be entirely congruent with this theory-in-use. Moreover, the positive regard that the schools appear to have for the work may serve to confirm and reinforce current practice. The review of literature suggests that evaluation of EP work is mainly at the level of informal consultation, and that the aims of interventions are sometimes unclear. It is suggested that, through careful examination of the intended aims of practice and examining to what extent EPs actions were successful in achieving these aims, it may be possible to learn more about CI response. Furthermore, the study will explore the practice of EPs, the models on which they say these actions may be based and the congruence between them. As EPs reflect on this it may be that theories-in-use will emerge that can be compared to espoused theories. By feeding these back in to theory through double loop learning, this may create greater congruence between theories-in-use and espoused theory. This has the potential to make EPs response to CIs more effective.

Chapter 3 - Hypotheses, aims and research methodology

3.1 Hypotheses, aims and research questions

The previous chapter reviewed the relevant literature. During this process various research aims, hypotheses and questions were developed. These had the overarching aims to:

- Provide an overview of current state of practice in relation to CIs at the EPs level
- Explore the experiences of a number of EPs in responding to CIs
- Explore in depth how psychological theories and models guide practice, other models that may be useful and the implications for future practice

These overarching aims then led to the following hypotheses and research questions.

Hypothesis 1: The nature and context of EP work in response to CIs will have been subject to appreciable change in the last 15 years

Related research questions

1). *How is a 'critical incident' defined in EPS CI policies?*

- What terminology is used?
- What are the common themes?

2). *How do the CI policies of EPSs fit with other emergency planning policies of LAs?*

- To what extent are they jointly developed?
- To what extent are they congruent?

3). *How do EPSs respond to CIs?*

- What is the overall picture at EPS level of CI response?
- In what ways has this changed over time?

Hypothesis 2: The reported practice of EPs in CI response and their theoretical underpinnings may have limited congruence to theories espoused in policy literature and CI training received.

Related research questions

4). *How do EPs currently respond to CIs?*

- To what extent has their training been adequate?
- To what extent is the EPS policy (if available) useful in guiding their response?
- What systemic interventions are seen as effective / ineffective?
- What direct interventions with children and young people are seen as effective / ineffective?
- To what extent are the supervisory arrangements in place for EPs responding to CIs adequate?
- How are outcomes measured in CI work?
- How does the role of the EP fit with the roles of other professionals?
- Which other professionals are involved in CI response?
- How are roles and responsibilities established?

5). *To what extent does theory as espoused in the EPS CI policy and specific training match actual EP practice in response to a CI?*

- What elements of theory in policy and training are useful and in what ways?
- Why are these elements useful?
- How do these theories guide practice?

Hypothesis 3: There exist psychological models and aspects of practice applied in other EP contexts and in wider disaster / trauma literature that could usefully be applied to EP practice in relation to CIs.

Related research question

6). *What other psychological theories and models guide the practice of EPs in responding to CIs.*

- What other psychological models and theories used in other areas of EP practice are deemed useful in CI response?
- What psychological models and theories in wider disaster / trauma literature have proved useful?
- How does this impact on EP practice in response to CIs?

3.2 Introduction to methodology

The following section describes the methodology used to answer the research questions identified. It begins by setting out the theoretical assumptions that underpin the design. The overall design of the research is then described followed by a description of the intended participants. The methods used are then detailed, including the measures used in data collection and the procedures undertaken. The ways in which ethical considerations were addressed are then discussed. Finally, the approach to data analysis is described.

3.3 Theoretical perspective

A pragmatic orientation was adopted in the current study in that methods were selected primarily on the basis of their usefulness in contributing to answering the research questions identified (Brewer & Hunter, 1989; Tashakkori & Teddlie, 2009; p. 84). Pragmatism is a widely accepted paradigm (e.g. Cherryholmes, 1992). It has been described as “an alternative, inclusive philosophical framework within which multiple assumptions and diverse methods can comfortably reside” (Greene et al., 2005). The associated ontological position accepts the existence of a ‘real world’ independent of subjective construction, but also considers that multiple ‘truths’ can be held about ‘real world’ phenomena. Thus, ‘truth’ is seen as a normative rather than absolute (Teddlie & Tashakkori, 2009) and the aim of the researcher can be seen as attempting to “say something interesting about the nature of truth” (Howe, 1988) as it relates

to the phenomenon being investigated. The employment of both quantitative and qualitative methods was, therefore, seen as entirely appropriate and consistent with the philosophical and ontological approach.

Epistemologically, it was seen as useful at different points in the research to take an objective and subjective stance, thus harnessing the strengths of each approach. The questionnaire was conducted through an online survey provider at some distance from the participants. This phase provided a relatively objective overview of the phenomenon that is the focus of this thesis. The qualitative phase of the research which followed, was carried out 'in the field' and face-to-face with participants. This highly interactive approach has been commended as a useful way to answer complex questions (Teddlie & Tashakkori, 2009). Far from being contradictory, such an approach has the ability to both test and generate hypotheses and theories through the duration of the research project. Thus the current study can be seen as both confirmatory and exploratory, making recursive use of both inductive and deductive logic.

3.4 Research design

The research design was of two linked and sequential stages, with a larger scale questionnaire stage followed by a smaller more in-depth interview stage. In the first stage separate questionnaires were completed by samples of PEPs and EPs. These informed the second stage, which comprised interviews conducted with a small number of EPs who had already completed questionnaires. In line with the overall pragmatic orientation of the research, the mixed methods design incorporated both quantitative and qualitative methods to investigate a single phenomenon (Tashakkori & Teddlie, 2003; Creswell & Plano Clark, 2007). Such an approach "focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or a series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone." (Creswell & Plano Clark, 2007; p. 5). This study combined the predominantly quantitative data from the online questionnaires with qualitative data from semi-structured interviews.

3.5 Sample

Participants in the study were exclusively qualified EPs. At an early stage of design, thought was given to the most appropriate participants for the research. Consideration was given to the inclusion of teaching staff, pupils and families involved in CIs in school communities. However, despite the potential benefits of such an approach, the risks to this population were considered slightly higher than those associated with an approach that focused solely on EP participants. This slightly higher risk stemmed mainly from their potentially closer proximity to the incident, with the consequent possibility that reflection on trauma might trigger affective responses. A further factor was that teachers do not receive regular supervision. The potential inclusion of these groups was therefore dismissed. For this reason it was decided to limit the sample to EPs and PEPs currently working for LAs or London boroughs. Trainee EPs and Assistant EPs were not included.

The first stage of the research included samples of PEPs and EPs, while the second stage was limited to a subset of the EPs who had taken part in the first stage.

3.5.1 Participants in questionnaire to PEPs

Participants in the PEP questionnaire (intended N=25 to 30) were selected to represent a wide range of geographical and demographic contexts. It was decided to limit the geographical boundaries to LAs in England. It was recognised by the researcher that, due to partial self-governance, EPSs in other UK nations might operate within systems that are not uniform. For example, the devolvement of power over areas of policy relating to Education and Training, Health and Health Services, and Social Welfare may influence systems around the EPS related to CI response. Those EPSs invited to participate were selected purposively to ensure wide geographical coverage, including inner city, urban and rural contexts. The initial invitation to participate was sent to the PEP. It was, however, clearly stated that the PEP could delegate responsibility for completing the questionnaire to an appropriate colleague. This decision was taken on the grounds that it is not always the PEP who takes a lead role in co-

ordinating the response of the service to CIs. This is often delegated to another Senior EP or EP within the service. In such instances it was likely that the CI Lead would be the most appropriate person to complete the questionnaire. It was recognised that this would result in a heterogeneous sample. However, as the aim was to obtain data from the EP with the greatest knowledge of CI response within the EPS this was considered a useful approach. Although the heterogeneity of the sample is recognised, this survey will be continue to be referred to as the PEP questionnaire.

3.5.2 Participants in questionnaire to EPs

Participants in this questionnaire (intended N=50 to 75) were drawn from six EPSs. The limited number of EPSs was intended to allow for some comparison in practice between members of the same EPS. The EPSs were purposively selected to represent a range of geographical and demographic contexts. They consisted of two services in the east of England, two London services, one from the west of England and one from the north of England.

3.5.3 Participants in semi-structured interviews

EPs participating in this phase of the research (intended N=10 to 15) were selected from those EPs who had completed the EP questionnaire, and had expressed a willingness to be interviewed. The questionnaire had been structured to ensure that only those EPs with experience of responding to CIs were able to express an interest in participating in this phase of the research.

3.6 Methods

3.6.1 Measures

Two principal methods were used to collect data. These were two separate questionnaires and semi-structured interviews. In this section, the choice of these methods is justified, and the development of the measures, as well as the final measures, described.

3.6.1.1 Questionnaires

In this study two separate questionnaires were sent to PEPs and EPs. Common features of the questionnaires are discussed first before exploring issues related specifically to each survey.

Questionnaires are a widely used research tool within mixed method designs (Robson, 2002). A survey-based approach to generating the quantitative data was seen as appropriate for a number of reasons. Firstly, a questionnaire provided opportunities to generate a large amount of data from a wide geographical sample relatively quickly (Robson, 2002), although it was recognised that response rates to questionnaires might be low. Secondly, data collected would be highly standardised. Finally, a degree of anonymity was afforded to participants, which offered the potential to generate more honest responses to questions.

As the questionnaires were administered via the Internet, this phase of the project falls broadly into the category of Internet Mediated Research (IMR). The British Psychological Society has defined IMR as below:

“The term Internet Mediated Research (IMR) covers a wide range of activities. It can range from purely observational studies (e.g. analysis of behaviour of people in chat room), to surveys and in vivo quantitative studies (e.g. a comparison of the personality profiles of job applicants and employees) to highly structured and well-controlled experiments.”

BPS, 2007 (p.1)

The benefits of using IMR are various (Hewson et al., 2003). There were four main advantages particularly relevant to this project. Firstly, it is viewed as a time and cost efficient way of collecting a relatively large amount of quantitative data. For example distribution costs are minimised and no data entry is required as data can be exported directly into a statistical analysis software package. Secondly, the completion of the questionnaires required minimal technical competency on the part of the participants. Thirdly, it was convenient for participants as it allowed the questionnaire to be completed at a time and place

of their choosing. Finally, the novelty value of such an approach may have a positive impact on motivation to participate.

A number of potential problems with using IMR have been identified (Hewson et al., 2003). In this study three primary salient disadvantages of this approach were identified in using an IMR approach to collect quantitative data in this study. Firstly, it was recognised that participants may have varying degrees of computer and Internet literacy and that this may create sample bias. Secondly, potential technical difficulties may result in data loss. Thirdly, it was acknowledged that participants could have concerns about the security of data supplied over the Internet. In this instance, the benefits to employing an IMR approach to this phase of the research were considered to outweigh the disadvantages outlined.

For both the questionnaires the services of Survey Monkey, a reputable provider of online questionnaires, were used. There were several benefits to this. Firstly, it allowed the survey to be designed to look professional. Secondly, issues of security of data were addressed as the data collected is securely stored on the company's servers. Thirdly, several features provided helped to augment the survey design. These features were employed in both the PEP and EP questionnaire. The questionnaires made use of the 'logic' feature provided by the online survey company. This feature made it possible to route participants efficiently through the survey process. This meant that participants were not asked questions that were not relevant to them, creating increased efficiency within the process. The questionnaire also made use of the progress bar option that showed participants the percentage of the survey completed to allow PEPs and EPs to remain oriented within the questionnaire.

The PEP questionnaire

The primary aim of the questionnaire to PEPs was to gain an overview of the ways that EPSs from a range of geographical and demographic contexts respond to CIs. A secondary aim was to provide some data that was broadly comparable with that of Houghton (1996), to allow an assessment of changes in CI response over time. An online survey approach was seen as a time and cost

efficient way of achieving these aims.

A draft questionnaire schedule was developed informed by the literature review conducted; the study hypotheses and emergent research questions; and previous surveys such as Houghton (1996). The schedule also included some questions about the person completing the survey.

The draft questionnaire was reviewed by a research supervisor and revised according to feedback received. It was then subject to small-scale piloting. This involved sending the hyperlink to the online questionnaire to two PEPs and one CI Lead, requesting comments about the suitability, clarity and acceptability of the questions posed. Having received a number of comments and feedback, the questionnaire was subject to further amendments to take account of the recommendations of those who participated in the pilot.

The final questionnaire (see Appendix 2) comprised seven major sections. These, and a description of the items included in each section, are described below in the order in which they came in the questionnaire.

1). Demographic Information

Included questions on the LA or borough for whom the EP worked; their role within the EPS; and the context of the schools in the area.

2). Training

Comprised questions on personal training and training provided for EPs within the EPS; the extent to which PEPs and the EPs in their service had been prepared for CI response as a result of this training; the time since last training; who had provided training; and on what psychological theories and models this training was based.

3). Policy

This section included questions about when the policy was developed; the terms and definitions used; and the psychological models and theories underpinning the policy.

4). CI response

Included questions about the number of responses made; who may be involved

in responding; who makes the request; and the speed and length of the response.

5). Supervision

Questions in this section asked about the supervisory arrangements and the extent to which PEPs considered these adequate.

6). Evaluation

PEPs were also asked to comment on how the EPS sought to evaluate the impact of work in relation to CIs.

7). Further information

Participants were given an opportunity to communicate any other information about CIs that they thought salient that had not been covered by the questions.

The EP questionnaire

The purpose of the EP questionnaire was somewhat different. Whereas the PEP survey had sought an overview of the practice of a range of EPSs, this survey sought to gain a practical insight and capture the personal experience of EPs in responding to CIs within six selected EPSs. Differences and similarities in responses within and between the EPSs were of interest. The survey was designed to be able to be completed by EPs who had no previous experience of CI response, as well as those who had been involved in such work. Differences based on length of EP experience and amount of experience in responding to CIs were also of interest. Development and piloting followed the same procedure as that described above, for the PEP questionnaire. Piloting of the draft questionnaire, to test the clarity and acceptability of the questions asked, was undertaken with six EPs. As a result of this, several amendments were made. For example, the category of 'sudden death' was added to types of incident.

The final questionnaire (see Appendix 3) comprised ten sections. These, and a description of the items included in each section, are described below

1). Demographic Information

This section aimed to provide an overview of the context of the EP's work including questions about their role within the EPS; the length of their

experience as an EP; and the context of their work, for example whether the schools were inner city, urban, sub-urban or rural.

2). Training

Included questions about initial training and in-service training; when this had last been provided; and whether this training was perceived as adequate.

3). Policy

This section comprised questions about the availability of policy; the EPs knowledge of policy; and its perceived usefulness in practice.

4). Incidents

In addition to questions about the number of various types of incidents to which they had responded, EPs were also asked about how they had responded to the most recent CI in this section.

5). Interventions

This section asked questions about the types of interventions that EPs had employed with various client groups in response to CIs. Questions were also asked about the perceived effectiveness of these interventions.

6). Supervision

Participants were about the supervisory arrangements they had experienced in relation to CI response and the extent to which they considered these to be adequate.

7). Evaluation

This section asked questions about the ways that EPs had sought to evaluate their work in CI response

8). Hypothetical scenario

In this section participants were provided with a hypothetical scenario and asked to describe how they would respond to the incident.

9). Final Comments

Participants were given the opportunity to provide any other information about CIs that had not been covered by the questions.

3.6.1.2 Semi-structured interviews

Interviews are a commonly used measure within mixed-methods designs that yield predominantly qualitative data (Robson, 2002). The aim of the semi-structured interviews in this study was to explore in greater detail the ways in which EPs respond to CIs, and what guided their practice. Questions of this complexity are better suited to an interview-based approach (Teddlie & Tashakkori, 2009). The interviews can be described as “semi-structured” in that the schedule was designed to contain “predetermined questions, but the order [could] be modified based upon the interviewer’s perception of what seem[ed] most appropriate. Question wording [could] be changed and explanations given; particular questions that seem[ed] inappropriate with a particular interviewee [could] be omitted, or additional ones added.” (Robson, 2002; p. 270).

Several disadvantages of carrying out interviews were considered when devising the methodology. These included the time consuming nature of conducting the interviews, the creation of transcripts and the demands placed on the interpersonal skills of the interviewer and interviewees (Robson, 2002). It was also noted that data gathered would only represent the opinions of a small number of EPs. Limits on the representativeness of the information were also a potential disadvantage. However, the usefulness of semi-structured interviews in providing rich data was seen as a strength that outweighed the drawbacks.

The interview schedule was informed by concepts of ‘espoused theory / theory in use’ (Argyris & Schön, 1974; Argyris & Schön, 1978; Argyris, 1980; Schön, 1983) (see *Section 2.5*).

In line with this aim, a number of areas were identified to be explored in different sections of the interview process. Initial sections were considered useful to gather some demographic information and to familiarise the interviewee with the interview process. The following section asked EP participants to reflect on the most recent incident to which they had responded. The most recent incident was chosen for two reasons. Firstly, it meant that the memory of the incident and response would be recent in the mind of the interviewee. Secondly, it would ensure that a range of incidents were included in the descriptions, rather than those that may have had the biggest impact.

With this in mind, the EP was asked to describe the incident and what they *did*. The focus of prompt questions here sought to explore fully all of elements of the EPs practice in relation to the incident.

The second section explored what had guided EPs' practice, and was purposely open to allow EPs to identify a disparate range of factors such as training, policy or theory as the primary guide to practice. Subsequent sections of the interview sought to give interviewees opportunities to explore in greater detail the various elements of what had guided their practice. A third section sought to explore how EPs had dealt with their reactions to the incident. It was considered that in this section EPs might discuss supervisory practice, but the word 'supervision' was not mentioned to allow EPs to describe the variety of ways in which they had dealt with the personal and professional impact of the incident. A section followed that asked EPs how they knew whether their intervention had been successful or not. This aimed to explore EPs' practice in relation to informal and / or formal evaluation of CI work. Finally, EPs were invited to comment on anything else that had not been covered in the interview that they considered salient in CI response.

3.6.2 Procedures

3.6.2.1 The PEP questionnaire

PEP participants were invited to take part in the study via personalised email. Names and email contact details were accessed through a central list of all EPSs and PEPs. It was originally intended that invitations to participate would be sent to the PEPs of 40 to 50 EPSs with the intention of achieving a sample of 25 to 30 PEPs. Subsequently, it was envisaged that the difficult political context for the profession of educational psychology, and associated impact on PEP workload might impact significantly on the response rate. With this in mind it was decided to send initial invitations to approximately 80 PEPs in order to achieve the intended participant numbers. The email sent included information about the research, the researcher, the project, what was being requested, and an outline of the disclosure procedure. It was made clear that the responsibility for completing the questionnaire could be delegated to a member of the service

responsible for co-ordinating CI response. Finally the email contained a link to the online survey. Having sent the initial invitations, a maximum of three subsequent 'reminder' emails were sent at intervals of approximately 7, 12, and 17 days following the initial invitation. If it was clear from the data stored on the online survey provider that an EPS had completed the survey, no further email reminders were sent. Similarly, if a PEP indicated that, for whatever reason, they would not be completing the questionnaire no further email correspondence was entered into.

3.6.2.2 The EP questionnaire

Potential EP participants were identified through the PEPs of EPSs of six identified LAs and London boroughs. PEPs in selected areas were asked to either forward an invitation to all EPs within their EPS, or to provide EPs' details so that personalised invitations could be sent. Both Trainee and Assistant EPs were excluded to ensure a uniform sample, as the knowledge and experience of Trainee and Assistant EPs in relation to CIs was deemed to potentially differ considerably from that of qualified EPs. As with the PEP questionnaire, the email sent included information about the research, the researcher, the project, what was being requested and an outline of the disclosure procedure as well as a link to the questionnaire. Reminder emails were sent at the same intervals to those sent to PEPs.

3.6.2.3 Interview procedure

Interview participants were selected from those who had expressed a willingness to take part in a semi-structured interview as part of the EP questionnaire. Criteria for selection included experience of responding to CIs. To ensure these criteria were met, the questionnaire was structured in such a way that only those with experience in responding to CIs could express a willingness to be interviewed. The purpose and nature of the interview was explained to identified participants in the letter inviting participation (a copy of this is appended – Appendix 4). Contact was made by email or telephone with all those EPs who had expressed an interest (N=10) to ascertain whether they still wished to be involved, allowing positive opt-in. In the case of one EP it proved

impossible to arrange a mutually convenient time for the interview to be carried out. Another EP provided incomplete contact details. Interviews were arranged to take place at a date, time and location suitable to the EP. In all cases this was at their place of work. The need for a quiet space to carry out the interview was stressed, and EPs organised an appropriate place. Before the start of the interview, consent to participate was sought, including consent for the interview to be digitally recorded. Face-to-face interviews lasted approximately 45 to 60 minutes.

3.7 Ethical considerations

It was recognised from the earliest stage of planning the research that the potentially sensitive nature of the area of study would require careful attention to ethical considerations. For this reason, and having sought advice from the chair of the Faculty Research Ethics Committee (FREC), it was deemed appropriate for a full application for ethical approval to be made to the FREC. The application was approved contingent on some minor requirements, such as specific consent being requested for audio recording of interviews. These requirements were incorporated into the overall research design.

The potential risk of harm to EPs and PEPs from participating in the research was assessed as low. There were a number of reasons for this. Firstly, it is almost always the case that this group will have been engaged in professional work at one or two stages removed from the traumatic event. It is possible that an EP may be directly involved in a CI, but this is highly unlikely. Secondly, as psychologists in practice, this group have access to regular supervision with other psychologists. Despite these protective factors, a number of potential ethical considerations were considered.

Firstly, the sensitive issues upon which participants were asked to reflect had the potential to evoke memories of traumatic events with an associated emotional response. Secondly, if it were perceived by the participant that, on reflection on a particular incident, their actions had not been effective this may have evoked an affective response that may have included feelings of helplessness and self-blame. Thirdly, if in response to a hypothetical scenario

the EP felt unsure of how they may respond, this may have led to anxiety and feelings of inadequacy. Fourthly, feelings of anger or frustration may have been evoked if an EP reflected on an incident where the relevant CI policy was perceived to be a constraint on the efficacy of the intervention. In summary, there was the potential in at least some participants of a moderate to strong affective response associated with such sensitive work. This research had the potential to act as a trigger to repetition of these feelings for those participants who were already vulnerable. It was, therefore, important to develop a disclosure procedure (see Appendix 5). This specified the appropriate response to requests for additional support indicated in questionnaire and interview responses. In addition, all instruments were piloted with a small number of participants who were asked to give feedback on the acceptability of the questions and to suggest possible alternative wordings where appropriate. All participants were fully informed of the purpose of the research, how data would be used and the steps taken to ensure confidentiality prior to giving consent to participate (see Appendices 4 and 6).

Obtaining properly informed consent was seen a further issue to be addressed, recognising that with regard to the online questionnaire the capacity to obtain prior written consent was limited. In this context, participants were provided with all relevant information regarding the research in order that an informed decision to participate in the online questionnaire (or not) could be made. The initial page of the questionnaire (see Appendix 6) made the purpose of the research and what would be required of the participants clear. Additional issues of confidentiality were also addressed in the introductory email. Consent to participate was assumed if the invitee went on to complete and submit the questionnaire.

The semi-structured interviews involved more detailed reflection on work carried out in relation to CIs. Consent for this was obtained in several stages. Only those who had expressed willingness to be interviewed were approached, and consent in principle was sought in the initial contact. Before the start of the face-to-face interview, the information in the introductory letter and consent form was discussed with participants, and the topics covered in the interview

were shared, and participants made aware of the disclosure procedure. It was also made clear to participants that they were free to withdraw from the study at any time without giving a reason. Finally it was made clear that the interview would be digitally recorded. Participants were then invited to sign the interview consent form (see Appendix 8).

Issues of confidentiality were considered and addressed at all stages of the research design. Introductory emails and letters made it clear that the data would only be used for the purposes of the research. It was made clear that this may include publication in academic journals but that any names and places would be anonymised to ensure that individual psychologists and services were not identifiable. Given the unique nature of some CIs, it was recognised that a particular incident may allow individuals and / or services to be identified, necessitating extreme care to protect anonymity. Data storage was a further consideration. The online questionnaire data was initially stored with a reputable provider of online survey services. Although some relevant demographic information was stored as part of this data, participants were not asked to provide their names. When extracting data from the online provider this was initially converted into a password protected Excel file and stored on an encrypted memory stick. The same procedure was used as this file was converted into an SPSS database. Interviews were recorded using a digital recorder. All sound files were password protected and stored on the encrypted memory stick, as were subsequent transcriptions.

Consideration was also given to those participants who might find it helpful to speak to an experienced psychologist, as detailed in the disclosure policy. All such requests would be treated in confidence and the experienced psychologist would not reveal the details of anyone who made such requests.

3.8 Approach to data analysis

3.8.1 Analysis of questionnaire data

Although the majority of the data collected from the questionnaire was pre-categorised and able to be quantified and subject to statistical analyses,

some qualitative data was also collected in response to open ended questions included in the questionnaires. Quantitative information from both questionnaires held by the online survey provider was exported into separate SPSS databases. The analyses then proceeded in a number of planned, ordered and sequential stages as described below.

- 1). Data was cleaned, verified and checked.
- 2). Internal descriptive analyses relating to the sample were carried out.
- 3). Comparative analyses were carried out, both within the data set, and with historical data to further illuminate the findings.
- 4). Correlation analyses were used where this was deemed useful in answering the research questions.
- 5). Qualitative data from both questionnaires was used to illuminate these data, and to inform the development of the semi-structured interview schedules.

3.8.2 Analysis of interview data

The interview data were subject to thematic analysis. The process was informed by the procedure outlined by Braun & Clarke (2006). The themes and sub-themes generated were guided by the structure of the semi-structured interviews, and the hypotheses underpinning this research. Themes were, therefore, clustered around what EPs did in response to CIs; what had guided their response; what supervision they had received; and how they had sought to evaluate their work. In addition, to further illuminate the research question that sought to explore what a CI is, any sections of text that provided information on what made the incident 'critical' were captured. The thematic analysis was carried out within an 'espoused theory / theory in use' (Argyris & Schön, 1974; Argyris & Schön, 1978; Argyris, 1980; Schön, 1983) interpretive framework.

The analysis proceeded in the following stages.

- The recording of each interview was replayed and then transcribed to produce verbatim transcripts. These were then checked against the

digital recording for accuracy. Each transcript was read twice and brief notes made to facilitate the next stage of analysis.

- Transcripts were re-read line-by-line and initial codes given to sections of text. Sections of text that were coded similarly were grouped together. The transcripts were then checked again for further examples of each code. When all codes had been generated, they were reviewed. This led to a process of some codes being amalgamated and some being discarded. Most codes contained text drawn from a number of the transcripts. However, some codes contained text from only one or two of the interviews. Where these codes were deemed to provide an interesting if unique view on CI response they were retained in order to capture the breadth of experience and not discard potentially useful data.
- In this part of the analysis the codes generated were organised into themes. As described, these themes clustered around the interview questions. Several ways of organising the information were tested and rejected before the final themes and sub-themes were settled upon.
- At this stage themes were reviewed at two levels. Firstly, the extracts comprising each theme were reviewed to ensure internal consistency and, where necessary, reorganised to form a more consistent theme. Secondly, a review was undertaken of the data set as a whole. This had the aim of ensuring that there was coherency across the themes identified and that these themes adequately reflected the data set as a whole. Where this was not the case, themes were re-organised, added to and amended until this condition was satisfied.
- Themes were then given appropriate names. The main theme headings were derived from the interview structure with the sub-themes emerging from the data. Particular consideration was given to the naming of these sub-themes to ensure that the name captured the 'essence'.

- In writing up the themes, consideration was given to the position of the thematic analysis within the overall research design as well as the limited scope of the research project. Specifically, it was recognised that this would necessitate exemplification and exploration of each theme, but not at the same level as had the study been purely qualitative. Of particular salience was capturing the narrative essence of the interview data as organised through the thematic analysis.

3.9 Summary of chapter

The preceding chapter described the hypotheses, the theoretical approach, the overall design and the methodologies employed in answering the research questions identified. The next chapter reports the results of the analyses conducted.

Chapter 4 - Results

This chapter sets out the results of the two questionnaires and the semi-structured interviews. The analysis of the questionnaire to PEPs is described first, followed by that of the EP questionnaire. Finally the results of the thematic analysis of semi-structured are reported.

4.1 Introduction to questionnaire results

In this section, the results from the two online questionnaires will be reported. Frequencies generated from the responses to the questionnaire to PEPs and those EPs with a lead role in CI response (hereafter for simplicity referred to as PEPs) provided an overview of various aspects of CI response across a wide geographical and demographic sample of EPSs. Analyses conducted were both descriptive and comparative, with for example, comparisons within the sample between responses from EPs and PEPs, and between those more recently trained and those less recently trained. In addition, since some sections of the questionnaire were designed to be comparable to previous surveys, it has been possible to compare some of the findings from this survey with descriptive analyses conducted in previous CI research (e.g. Houghton, 1996) providing some information on changes over time.

4.2 Questionnaire to PEPs

4.2.1 Demography and context of EPSs as reported by PEPs

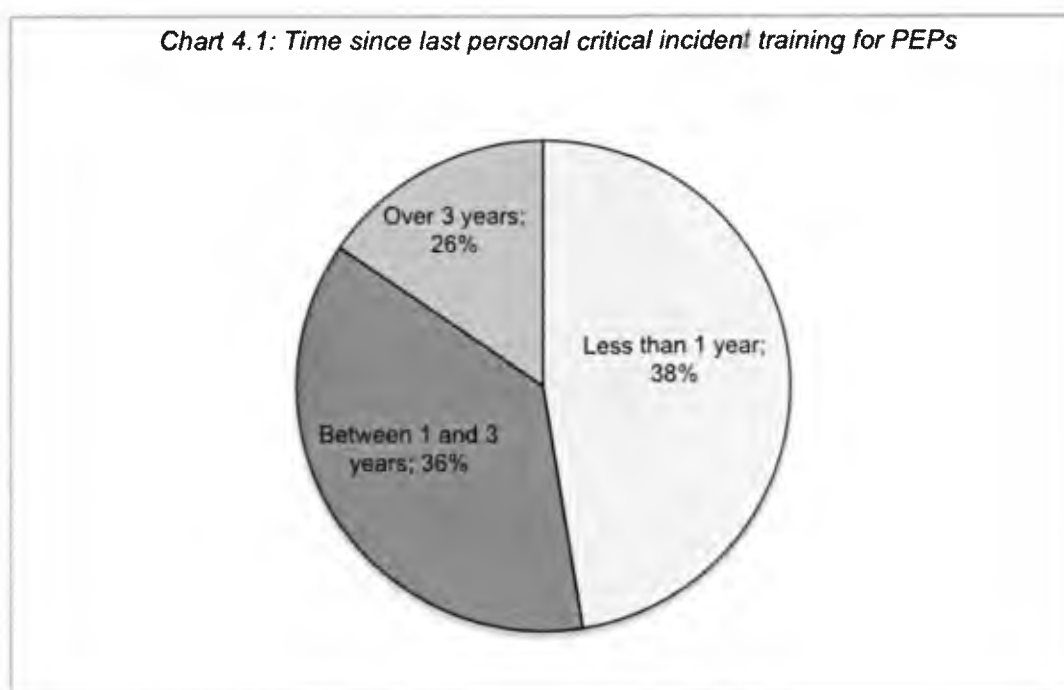
The first round of invitations was sent to the PEPs of 86 English EPSs. Of these, a total of 39 responses were received, a response rate of 44%. Those who completed the online survey had a variety of roles in their EPS. The majority were either the PEP (23/49, 59%) or an EP (or Senior EP) with a lead role in CI response (10/49, 26%). Of those remaining, one was an Acting PEP, one a Senior EP, one a Senior Practitioner, one a deputy PEP and two were main grade EPs.

The sample represented a wide range of rural, urban and inner-city contexts. Most reported that at least some schools in the area they covered were urban (80%, 31/39), but just over half of the respondents (20/39, 51%) reported that at least some of the schools in the LA were rural. At least some inner city schools were reported by 36% (14/39) of the sample of those completing the survey. The reported mix of school contexts varied greatly. 10% (4/39) were reported as areas with solely inner city schools, 18% (7/39) as urban only and one LA as having rural schools only. The remaining responses demonstrated mixed contexts, with rural/urban/suburban (10/39, 26%) rural/urban (5/39, 13%) and rural/urban/suburban/inner city (4/39, 10%) being the most common combinations reported.

4.2.2 Critical incident training

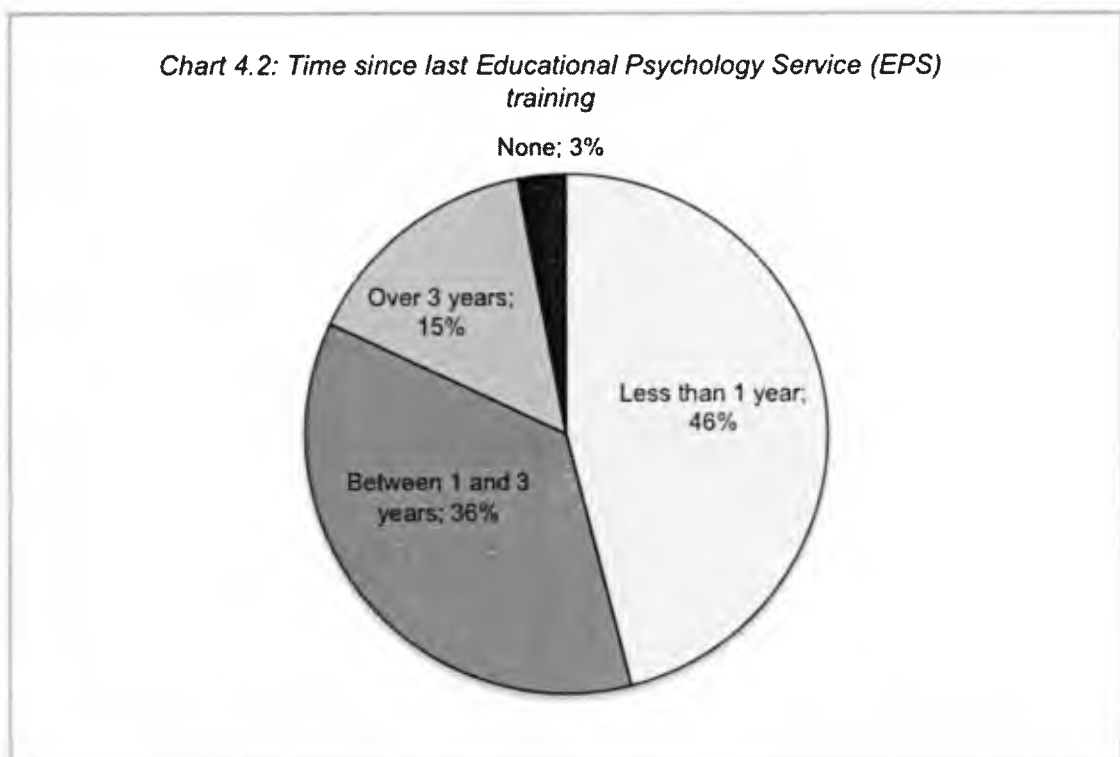
Those responding to the PEP questionnaire were asked about the training that they personally had received in responding to CIs. All had received some specific CI training, with nearly three quarters (29/39, 74%) receiving training within the last three years. *Chart 4.1* shows when the most recent training was received.

In relation to the quality of the training, an overwhelming majority of respondents agreed that the training they had received had adequately prepared them to



respond to CIs (35/39, 90%). The remaining 10% (4/39) thought that their training had prepared them to some extent. None said that they did not feel at all prepared.

Respondents were asked to indicate the extent to which they felt qualified to respond competently to CIs. The vast majority considered that they were qualified (97%), with 67% (26/39) feeling they were definitely qualified and a further 31% (12/39) saying they felt qualified to some extent. Only one participant responded negatively, and felt that they were not fully qualified to respond competently to CIs.



In addition to their own personal training, PEPs were asked about the training that had been offered to EPs in the service in CI response (see *Chart 4.2*). Only one reported having provided no specific CI training for the EPs in their service. 46% of the PEPs (18/39) reported having received CI training within the last year in their EPS, while 36% (14/39) of services had received training between one and three years previously. Direct comparison with Houghton's (1996) data is problematic due to the way the results are reported. However, it was reported that "60 per cent of services with a planned response said that some of their psychologists had had extra training" (p. 66). This compares to only one EPS

within the whole sample reporting no training having been provided, suggesting that specific training in CI response is now more widespread.

Overall, the PEPs appeared confident that training had prepared EPs in their service to respond adequately to CIs. Over half (19/36, 52%) reported that the training had prepared the EPs at least to some extent, while 36% (13/36) felt that the training received by EPs in their service had definitely enabled them to respond competently to a CI. Since the question asked PEPs to make an overall judgement relating to all EPs within the service, these findings need to be considered in the light of comments made by PEPs in relation to this question. Several mentioned that there was considerable variation within the EP team in the ability to respond competently to CIs:

“Those with previous direct experience in responding to critical incidents are inevitably more confident about responding in future situations.”

The level of overall EP experience and in experience relation to CIs were factors mentioned. Some PEPs commented that there was a specific team of EPs who respond to CIs in their service.

“Some, but not all EPs are part of our CI Support Team and receive regular training (5 days each year).”

It was implied that members of the response team may have had more experience and access to more training than those not in the team. More than one PEP also mentioned that some EPs felt more “confident” than others when responding to CIs.

PEPs were also asked to comment on the psychological theories or factors that had informed the most recent training delivered within their EPS. Training based on the experience of EPs in responding to CIs was the most commonly reported aspect of the most recent training received by the EPSs. Two thirds (24/36, 67%) of those EPSs surveyed chose this as underpinning, at least in part, their most recent training. The second most popular factor underpinning training was

Critical Incident Stress Debriefing (CISD) (16/36, 44%), followed by systemic (15/36, 43%) and clinical / PTSD models (9/36, 25%).

4.2.3 Critical incident policies

The data gathered on CI policy from the two questionnaires gave a useful overview of the current situation across a range of EPSs. Comparison with data provided by Houghton (1996) demonstrated how this picture has changed over the past 15 years.

94% of the PEPs reported that the term primarily used to describe such events in the EPS was 'critical incident'. A number of other terms were also specifically mentioned. These were 'coping with crises'; 'tragic incident'; 'crises'; crisis management'; and 'sad or tragic event'. Several reasons were cited for using 'critical incident' in preference to other terms. Firstly, the term was recognised as being useful in distinguishing incidents that had a wider impact on a school community from what some called "sad events" (i.e. a bereavement within a school community), and major emergency or disaster planning (an event that might impact on a whole community and require a wider response). This distinction is illustrated by the following examples of comments written by PEPs:

"An interim term to distinguish between a serious emergency and a sad event."

"We distinguish between critical incidents and tragic events but the definition is flexible (as yours above) because it relates to the 'capacity' of the school to respond and how 'overwhelming' they find the event."

Secondly, the historical context was given as reason for its use. This included the historic use of the term in both EP practice and research.

"[Critical incident is a] historical term used in EPSs."

Thirdly, the perceived flexibility of the term in covering a wide range of incidents was given as a reason.

“We feel the term CI encapsulates the wide variety of events which have been experienced by our schools and other settings over the past 10 or more years. We further believe that it is not for us to determine whether or not a particular incident should be categorised as a CI, as this determination should be made by those who have had the direct experience.”

“The term covers a range of possible incidents affecting a school community.”

Implicit in this is the question of for whom the event is ‘critical’. It appears to indicate that it is the impact of the event that is more important than the actual event itself. A fourth reason given was the ‘fit’ of the term to the phenomena it described.

“We felt it best described the nature of the incidents that have occurred and was the most helpful way of looking at the circumstances”

This was expressed in various ways with some respondents asserting that the term was measured but not dramatic. Finally, the usefulness of the term in fitting with other LA plans was also cited.

“Consistent with LA policies.”

The large majority (26/31, 84%) of the PEPs reported that a definition was included as part of the policy document, but 10% (3/31) reported that no definition was included (and two of the 31 respondents did not know whether a definition was included). Of the definitions of a ‘critical incident’ provided by PEPs when completing the survey, all but one definition was congruent with the working definition offered in this study. The possible exception defined a CI as an “individual bereavement and/or a more major incident”. Whilst a bereavement may constitute a CI as defined in the working definition, this may not always be the case, dependent on the impact of the event.

In the current study, 81% (30/37) of PEPs reported currently having a CI policy in place. A further 16% (6/37) were currently in the process of creating or had already completed a draft policy document. The remaining service (1/37) reported not having considered drafting a CI policy. These findings contrast starkly with those reported by Houghton (1996) where it was reported that only 10% of all EPSs had a “planned response to critical incidents involving schoolchildren” and 45% were at a drafting stage. 67% (26/38) of the total sample in the current study (26/33, 79% of those EPSs who have a completed policy document) reported having a policy for more than 3 years.

PEPs were asked to comment on the psychological theories and factors that underpinned the CI policy of the EPS. Interrogation of policy and professional literature had provided a number of theories and factors that commonly underpin policy. However, PEPs were given the opportunity to identify other models and factors that had not emerged in this way. Furthermore, it was recognised that the policy may be underpinned by more than one model or factor. To accommodate this, PEPs were free to identify more than one.

By far the most frequently reported element of the factors or theories underpinning policy was the experience of EPs in responding to CIs. Over three quarters (25/32, 78%) of those who at least had a draft policy reported that it was, at least in part, guided by the experience of other EPs in responding to CIs. Systemic models were also cited as a major underpinning element of CI policy. Almost two thirds of PEPs (21/32, 66%) reported that the CI policy of the EPS was partly guided by systemic models. Another frequently reported element was CISD. Over half of the PEPs (17/32, 53%) said that CISD formed part of the thinking behind their policy. Less than a third of PEPs (10/32, 31%) reported that their policy drew on clinical models of PTSD.

Combinations of models and factors chosen by PEPs as underpinning policy were examined. The most popular constellation was policy based on EP experience and systemic models. A quarter of PEPs (8/32, 25%) of EPSs with at least a draft policy reported these two factors as the only factors underpinning policy. Over half (17/32, 53%) of the PEPs included these two factors in their response.

The level of fit between the CI policy of the EPS and the wider LA emergency planning was investigated. Only 28% (9/32) of EPSs surveyed said that they had developed their plans jointly with the emergency planning department of the LA. However, over half (17/32, 53%) reported that the EPS policy was developed with an awareness of the wider emergency plan within the LA.

4.2.4 The responses of PEPs to critical incidents

PEPs were asked about the response of the EPS to CIs. The overwhelming majority of PEPs in the current study considered CI response to be an appropriate service for the EPS to provide for schools (33/34, 97%), with only one respondent being 'not sure' that this was appropriate. All of the PEPs surveyed reported that the EPS had responded to at least one CI within the last three years. This compares to the findings of Houghton (1996) who reported that 65% of services sampled had been involved in responding to CIs within the previous three years.

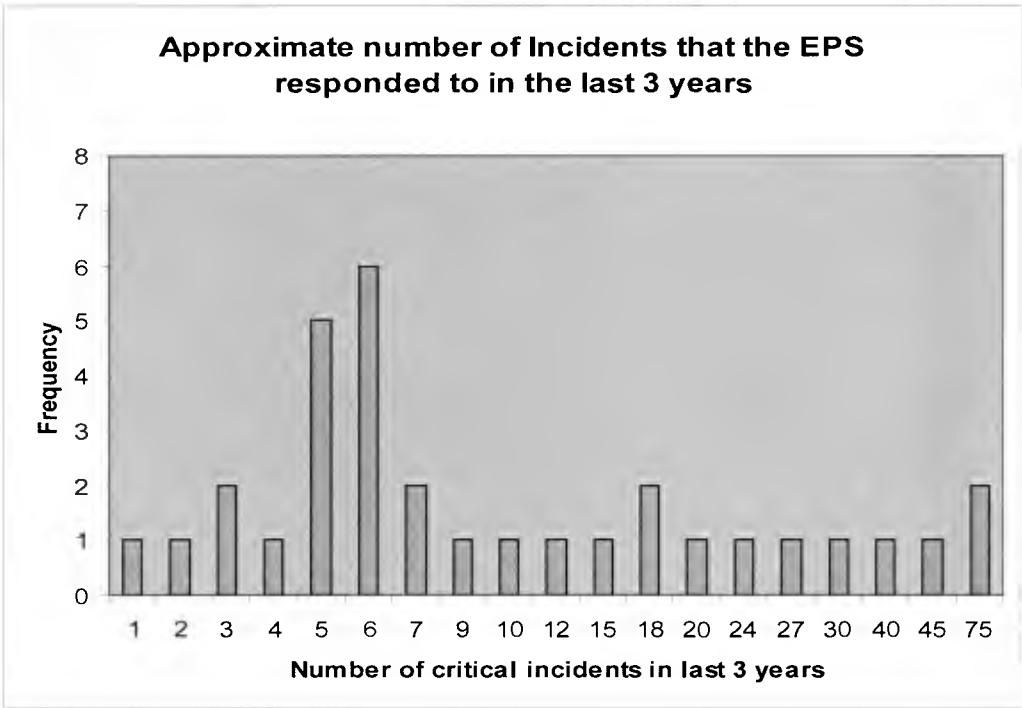


Chart 4.3: Approximate number of incidents in last 3 years

When asked to approximate the number of incidents that the EPS had dealt with in the last 3 years, PEPs reported a wide range, from 1 to 45, incidents, with two PEPs reporting 75. Chart 4.3 shows these data. The average number of incidents was 15.8 (SD= 18.96), with the mode being 6. It is difficult to provide a precise comparison with Houghton's (1996) figures as these are represented graphically. However, it was possible to ascertain that the mode in Houghton's study was 3 and the vast majority in Houghton's sample had responded to 3 or fewer incidents in the last three years. The majority in the present sample had responded to 6 or more incidents, providing some evidence to suggest that EPs are now responding to more CIs with greater frequency.

PEPs were asked who had requested their involvement in the most recent CI with which the EPS had been involved. In over half the cases, the referral had been made directly by a member of school staff (18/32, 56%). In a further 28% of cases (9/32), there had been consultation between senior LA staff (e.g. Area Education Officer, Director of Children's and Young People's Services) resulting in a request for involvement. In two cases the Educational Advisor for the school had made the request. Only one request for involvement came from Social Care.

PEPs were asked to identify which members of the service responded to CI requests. The overwhelming majority of PEPs identified that the EP for the school would play some role in the response of the EPS (31/34, 91%). The PEP was reported to be involved in CI response in 74% (25/34) of services. In 59% of services (20/34) an EP with a specialism in CI response was also reported to be involved in the response, and similarly, in 59% of services (20/34) a Senior EP was reported to be involved.

In addition to members of the EPS, PEPs were asked which other professionals could conceivably be part of the response team. The most frequently mentioned other professions that might form part of the response team were LA Press Officer (24/31, 77%) and Social Worker (21/31, 68%). Over half the PEPs (16/31, 52%) also considered that the police may form part of the response team. A minority of PEPs thought that the Area Education Officer (14/31, 45%), Specialist Teachers (14/31, 45%), or Clinical Psychologists (12/31, 39%), may

be involved in responding to CIs. A number of other professionals were also mentioned. These included Education Welfare Officers, Child and Adolescent Mental Health (CAMHS) Workers, the Emotional Wellbeing Team, Youth Workers, counselors, voluntary groups, faith groups and the School Advisor.

When considering how recently the service had responded to a CI, over half the services were reported by the PEP to have responded within the last month (18/34, 53%), with 41% (14/39) having responded within the last two weeks. Only two services (2/34, 6%) had not responded to a CI for over a year.

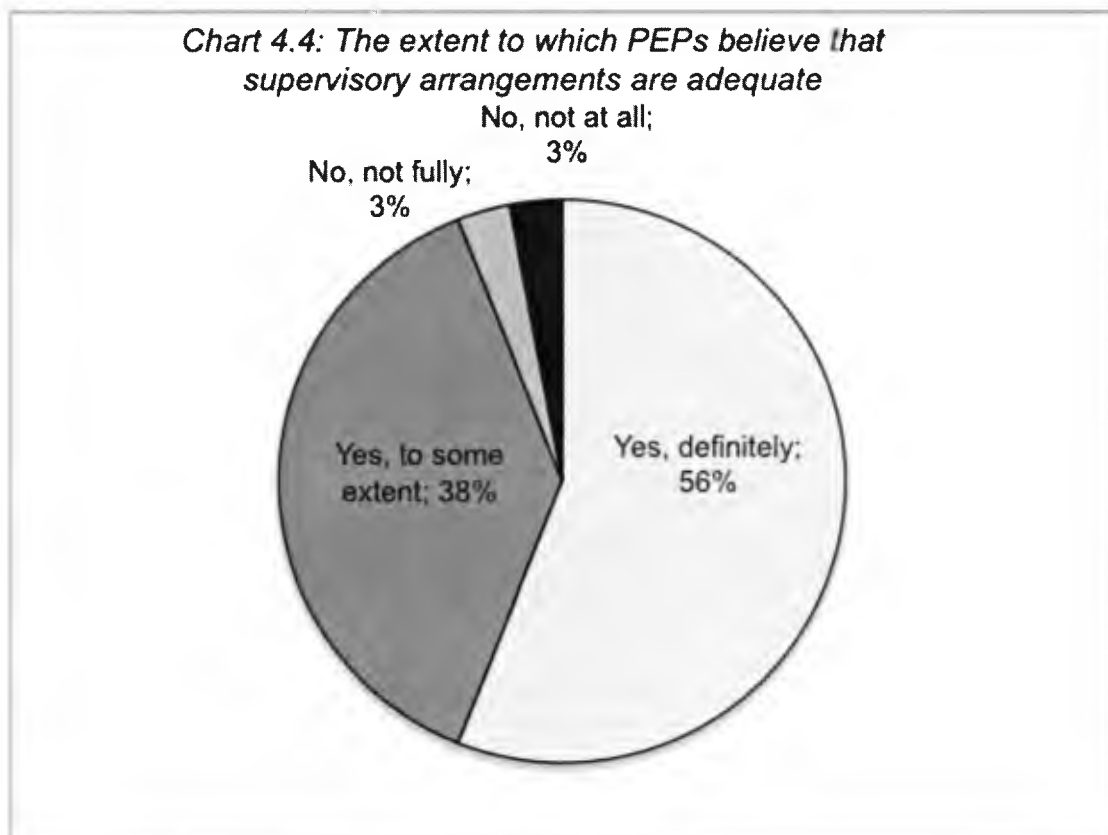
It was considered that those EPSs that had responded more recently to a CI might have responded to more incidents within the last three years. This was tested by carrying out an ANOVA. Perhaps surprisingly, there was no significant relationship between the overall number of CIs reported and the time since the last one ($F= 1.23$, $df =3$, NS) although there was a non-significant linear trend ($F=3.17$, $df=1$, $Sig=0.89$) towards those who had experienced their last CI more recently to have responded to more CIs within the last three years.

PEPs were asked about the timing and duration of their response to an incident, based on the most recent incident responded to. A very high percentage reported that the service offered a rapid response to schools following CIs: 91% reported that the EPS responded within twenty-four hours of the request. This suggests that current responses may be somewhat more rapid than those reported by Houghton (1996), where only 68% of services reported having responded by the end of the day following the incident. In relation to the duration of the support offered to school communities, over half the interventions (18/34, 53%), were reported as lasting less than one week, with 15% (5/34) lasting less than 24 hours, 15% (5/35) lasting between 24 and 72 hours, and 23% (8/34) lasting between 72 hours and one week. Only 12% (4/34) of interventions lasted for over one month. Of those who responded, three PEPs responded indicating that the intervention related to the most recent CI was still continuing. One PEP noted that the response had consisted of an initial intervention followed by low-key monitoring.

4.2.5 Supervision

PEPs were asked about the current arrangements for supervision for EPs involved in CI work in the EPS. Only two (2/34, 6%) of the PEPs surveyed reported that there were no formal arrangements for supervision for EPs responding to CIs within their EPS. PEPs reported supervision being delivered to EPs in relation to CI work being delivered in a number of ways. The most common element of supervisory arrangements reported was co-working with a colleague, with 79% (27/34) of PEPs reporting such practice in their EPS. A small majority (19/34, 56%) reported that supervision additional to usual supervisory arrangements was offered as a matter of course and over half (18/34, 53%) that additional supervision was available if requested by the EPs involved.

PEPs were asked to assess the adequacy of the supervisory arrangements for those involved in CI response. *Chart 4.4* shows their responses, indicating that while over half thought they were definitely adequate, a significant proportion believed they were not wholly adequate.



Comparison to historical data is again not straightforward. Houghton (1996) reported that “only 10 per cent [of EPSs] have a planned response and only half of these have detailed support for the psychologists” (p.67). The figures above suggest that PEPs are now more likely to have supervisory arrangements for EPs taking part in CI response in place or available, and are more confident about their efficacy.

4.2.6 Evaluation

PEPs were asked how the EPS for which they work seeks to evaluate the work of EPs in response to CIs. School staff were the main group addressed when evaluating interventions, and informal consultation was the most popular method. By far the most frequently reported way of evaluating work identified by PEPs was informal consultation with school staff (23/30, 83%). Of the other methods of evaluation, the next most frequently reported were a questionnaire to school staff (10/30, 33%), informal consultation with parents (9/30, 30%) and informal consultation with pupils (6/30, 20%). Two PEPs reported that their EPS currently has no way of evaluating the work done in response to CIs. The potential sensitivity of seeking to evaluate work following CIs was raised as an issue by a number of PEPs. One PEP mentioned that their service employed Goal Attainment Scaling (GAS) and Target Monitoring and Evaluation (TME) approaches, where appropriate, as a way of gauging the effectiveness of interventions in response to CIs.

4.2.7 Additional Comments made by PEPs

At the end of the questionnaire, PEPs were invited to leave any further comments about the role of the EPS in CI response. A number of themes emerged.

Firstly, the extent to which the work of the EPS in response to CIs was valued by school staff was widely articulated.

“The work we do around critical incidents is very valued by schools and the LA alike and we are generally the first port of call whenever an incident occurs.”

“We ask SENCOs (Special Educational Needs Co-ordinators) for their views on a number of issues every 2 years and this area is rated as highly valued.”

Secondly, there emerged a clear engagement with the theoretical basis underpinning CI response. For example, one EPS had conducted its own analysis of the literature relating to debriefing and used this to inform practice. Thirdly, several respondents mentioned a long history of responding to CIs and cited various publications that had been produced by their Service. Finally, concern was raised about the current fragmentation and restructuring of LAs and EPSs, and the impact that this may have on CI response. It was considered by one PEP that restructuring of the LA might impact negatively on the ability of schools to access support from the EPS following CIs. It was implied that how this service would be “traded” could be problematic. Another PEP commented that restructuring of the LA might result in increased barriers to providing a co-ordinated multi-agency response to CIs.

4.3 Questionnaire to EPs

4.3.1 EP Questionnaire sample

The second questionnaire was sent to all the EPs within six identified LAs. In total 106 invitations to respond were sent, and 50 EPs completed the questionnaires, a response rate of 47%. The approximate response rate within the various LAs ranged from 13% to 50% (approximations only can be reported here as four respondents - 8% - did not indicate the LA for which they work). Of this sample, 90% (45/50) were female. The contexts of the schools in which the EPs worked were varied. Over half the EPs surveyed (59%, 29/50) worked in schools of which some were classed as inner city. 37% (18/49) reported working in areas with some schools within a rural context, and 33% of EPs (16/39) within areas with some schools in an urban context. Only 22% (11/49) of EPs worked in areas with some schools in a sub-urban context. The most frequently reported context was ‘inner city’ with 43% of EPs surveyed (21/49) reporting working in areas with schools solely in this context. 12% of EPs

reported working solely in schools within a 'rural' context.

The majority of the sample described themselves as main grade EPs (72%, 36/50). Of the remainder, 18% (9/50) were Senior EPs, 6% (3/50) were Specialist main grade EPs and 4% (2/50) were Specialist Senior EPs. Over half the sample (54%, 27/50) had been qualified for more than 10 years; 18% (9/50) had been qualified for less than 2 years; 14% (7/50) had been qualified for between 2 and 5 years, and 14% (7/50) had been qualified for between 6 and 10 years. Nearly three quarters of the sample had worked for one service (38%, 19/50), or two EP services (36%, 18/50). Of those remaining (14%, 7/50) had worked for three services, and 12% (6/50) for four or more services. Over half of the sample had been with their current EPS for 6 or more years, with 18% being there for between 6 and 10 years, and 34% (17/50) for more than 10 years. Some EPs had been with their current service for shorter periods, with 16% (8/50) being there for less than two years and 32% (16/50) between two and five years.

4.3.2 Initial training of EPs

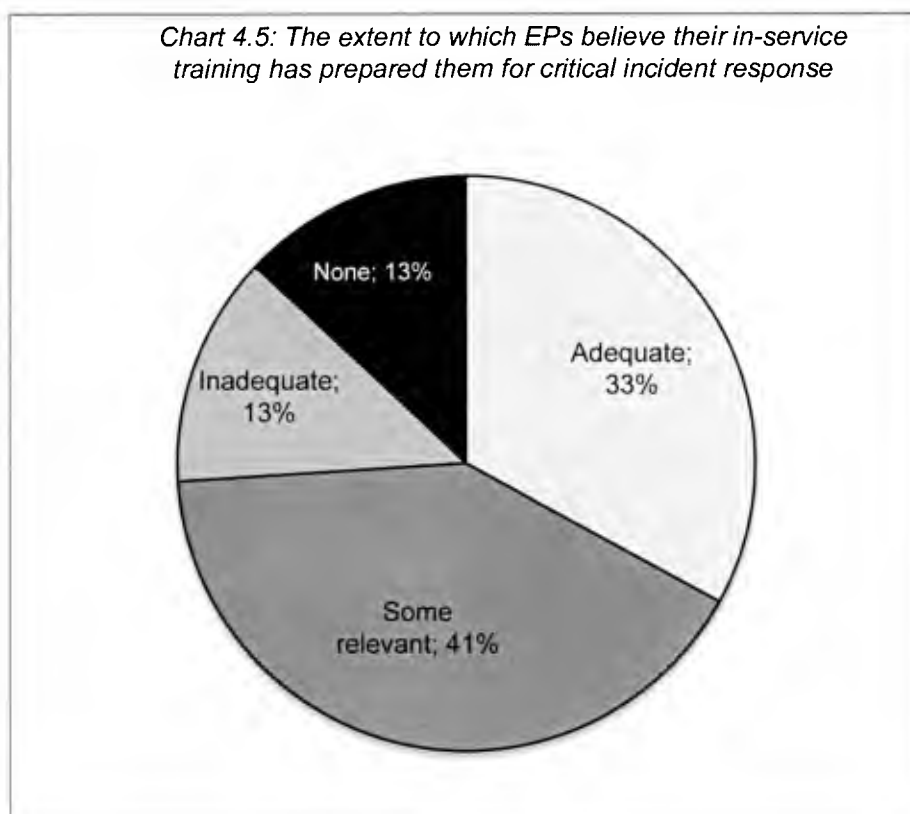
The extent to which EPs perceived that the training they had received as part of their initial Masters or Doctorate had prepared them to respond to CIs was explored. Only 4% (2/46) reported having received adequate training, with 37% (17/46) claiming to have had some relevant training. Over half of the sample (59%, 27/46) felt that the training they had received had not adequately prepared them to respond to CIs. Of this last group, 37%, (17/46) said that their training was inadequate, and 22% (10/46) said that they had received no initial training.

To explore the development of initial training over time, the sample was split into those who had been qualified for over 10 years, and those who had qualified in the last 10 years. This division of the overall sample provided approximately equal groups for comparison. Of the EPs who had qualified more than 10 years ago, 36% (9/25) reported having no initial CI training. This compared to just one of the 21 EPs (5%) who had qualified within the last 10 years. Similarly, 52%

of those qualified in the last 10 years reported having some relevant training, compared to 28% of those qualified for over 10 years who claimed to have had adequate or some relevant training. However, none of those who qualified within the last 10 years felt that the initial training they had received had adequately prepared them to respond competently to CIs.

4.3.3 In-Service Training EPs

EPs were also asked about the extent to which their in-service training had prepared them to respond competently to CIs (see *Chart 4.5*). Only a third of EPs felt that their training was adequate, with the other two thirds saying they were less than adequately trained for the task. *Chart 4.5* shows these data. A comparison was made between the responses of those who had been qualified for more than 10 years and those that had qualified within the last 10 years. Of the more experienced EPs, 56% reported having had adequate in-service CI training, compared to 4% (1/21) of those who had qualified more recently. All of the EPs with more experience had received some training, although 12% (3/25) considered the training that they had received inadequate. Over half of the more recently qualified EPs (52%, 11/21) reported having some relevant training. However, 43% (9/21) felt that their training had been inadequate (14%, 3/21), or



had received no in-service CI training (29%, 6/21).

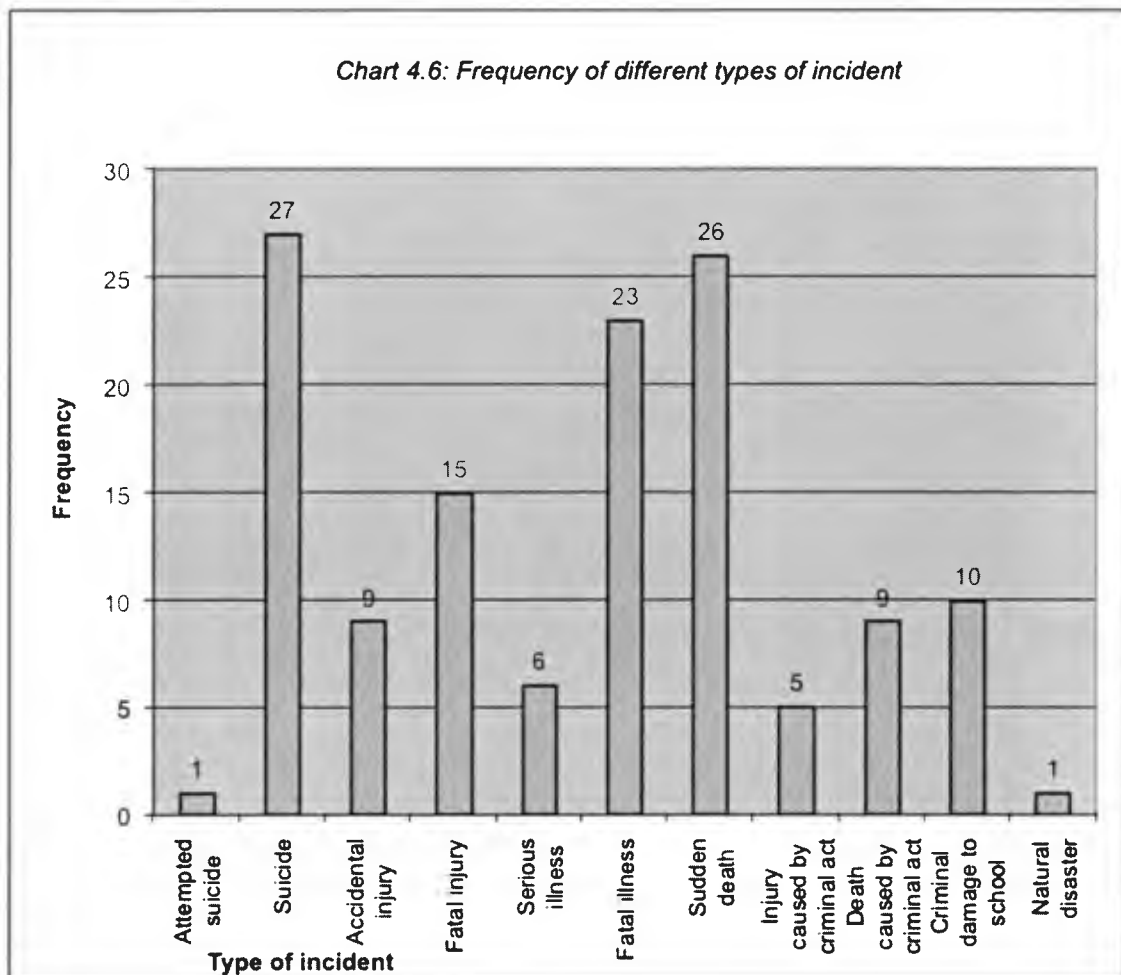
4.3.4 EPs and critical incident policy

EPs were asked about their awareness of the existence of an EP policy in their area, specifically relating to CIs. The agreement between EPs of the existence of policy was largely consistent within each EPS represented in the survey. However, in one LA not all EP participants agreed that a CI Policy existed. EPs who reported that their EPS did have a CI Policy were asked for more information about the policy and its use.

The overwhelming majority of EPs who knew of the CI Policy in their EPS (33/37, 89%) said that the policy was readily available to them. Over half of EPs considered that they had a good knowledge (12/36, 33%), or some knowledge (10/36, 28%) of the policy. The remainder felt that they had little (10/36, 28%) or no knowledge (4/36, 11%) of the policy. Nearly three quarters (22/31, 71%) of the EPs who had responded to CIs, and whose service had a policy, said that they had consulted the policy when responding to a CI. EPs were asked to what extent the policy had guided their practice. Of those EPs who were aware of policy and had some experience in responding to CIs, most felt that their practice was guided by a combination of policy and experience (14/25, 56%). Nearly a quarter (6/25, 24%) thought that their practice was partly guided by policy, whilst somewhat fewer EPs (4/25, 16%) considered that their practice was entirely guided by policy. One EP said that their practice was guided by experience, and not policy. The overwhelming majority considered that the policy had provided useful guidance, with 56% (15/27) agreeing and 33% (9/27) strongly agreeing.

4.3.5 EPs' response to critical incidents

Of the EPs completing the questionnaire, nearly three quarters (32/42, 76%) had experience of responding to CIs. EPs were asked to quantify the types of incident to which they have responded. The cumulative results are shown below (*see Chart 4.6*).



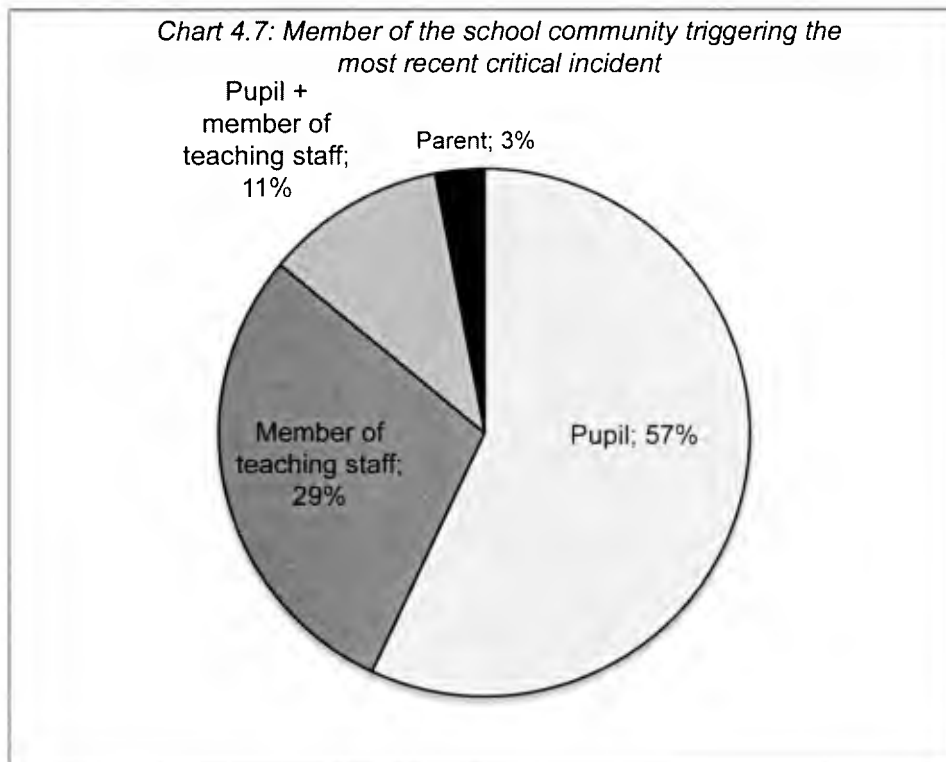
The most frequently reported incidents were suicide (21%), sudden death (20%) and fatal illness (17%) involving members of the school community. The least reported types of incident were attempted suicide and natural disaster, with only one of each of these incidents being reported. EPs were asked to exemplify each type of incident. Examples of suicide and sudden death included those involving staff, pupils and parents of pupils. Examples given of fatal illness included the death of both staff and pupils. The example of a natural disaster involved supporting a family whose relative had died in a disaster in another part of the world.

Fatal accidental injury was a frequently reported type of incident (11%). The most common example given of a fatal accidental injury was road traffic accidents. Criminal damage to school property made up 8% of the incidents reported, and examples included acts of vandalism and arson. Death caused by a criminal act accounted for 7% of the incidents, and these were mainly exemplified by acts of murder.

EPs were asked to describe the most recent CI in which they had been involved, including their response to the incident. The most commonly reported incidents were suicides (8/29, 28%) and sudden deaths (5/29, 17%). EPs were asked which other professionals outside of the EPS were involved. The mean number of other professionals involved was 1.69 (SD=1.33), with a mode of 1, and a range up to 4. Half of the EPs indicated that one (10/32, 31%) or no other professionals outside the EPS were involved (6/32, 19%) in their response. The other professionals most frequently involved were the police (11/32, 34%), the Area Education Officer (9/32, 28%), and the LA Press Officer (8/32, 25%). Other professionals involved in more than one example included Social Worker (6/32, 19%), Clinical Psychologist (5/32, 16%), School Nurse (2/32, 6%) and charity worker (2/32, 6%). A number of other professionals were mentioned as being involved in one of the responses. These included a Primary Mental Health Worker, a Psychotherapist, an Advisory Teacher, an Education Welfare Officer and a local Vicar.

EPs were asked to rate the success of their most recent response. A considerable majority of EPs considered that their most recent response had been “very successful” (23/32, 72%) and a quarter of EPs felt that their intervention had been partially successful (8/32, 25%). Only one EP thought that their involvement had been “not very” successful.

EPs were asked to describe the latest CI to which they had responded. The table below (see *Chart 4.7*) shows whether the incident had involved a pupil only (e.g. sudden death of child); a member of the teaching staff (e.g. suicide of teacher); pupils and teachers (e.g. pupil attacking a teacher); or a parent (e.g. parent suffering injury on school premises).



Almost twice as many of the most recent incidents involved pupils, as opposed to members of teaching staff, but these two groups made up the vast majority of the cases, and incidents triggered by others were uncommon.

4.3.6 EPs' interventions and their perceived effectiveness

Interventions were split into those carried out with pupils, staff, families and the school senior leadership team (SLT). Those interventions undertaken with pupils and staff were further divided into work with people directly and indirectly involved in the incident. Participants were asked to indicate to what extent they considered that the intervention they had put in place had been effective. The results are presented in a number of tables. In these tables the categories of ineffective and very ineffective have been combined into 'ineffective'.

Table 4.1: Interventions with pupils and their perceived effectiveness

	Interventions with pupils NOT directly involved				Interventions with pupils directly involved			
	Number carrying out intervention	Perceived effectiveness of intervention			Number carrying out intervention	Perceived effectiveness of intervention		
		Very effective	Effective	Ineffective		Very effective	Effective	Ineffective
Signposting other services	16/24, 67%	3/13, 23%	9/13, 77%	1/13, 8%	12/18, 67%	1/9, 11%	6/9, 67%	2/9, 22%
Individual debriefing	11/24, 46%	1/10, 10%	8/10, 80%	1/10, 10%	11/18, 61%	2/9, 22%	7/9, 78%	0%
Group debriefing	12/24, 50%	2/10, 100%	8/10, 80%	0%	7/18, 39%	1/6, 17%	4/6, 67%	1/6, 17%
Individual counselling	8/24, 33%	2/8, 25%	6/8, 75%	0%	7/18, 39%	2/6, 33%	4/6, 67%	0%
Group counselling	4/24, 17%	0%	4/4, 100%	0%	4/18, 22%	0%	3/3, 100%	0/3, 0%
Refer to clinical psychology	6/24, 25%	0%	4/5, 80%	1/5, 20%	5/18, 28%	2/5, 40%	2/5, 40%	1/5, 20%
Individual CBT	2/24, 8%	0%	2/2, 100%	0%	2/18, 11%	1/2, 50%	1/2, 50%	0%
Group CBT	1/24, 4%	0%	1/1, 100%	0%	1/18, 6%	0%	1/1, 100%	0%
Play therapy	1/24, 4%	0%	1/1, 100%	0%	0/18, 0%	N/A	N/A	N/A
Art therapy	3/24, 12%	0%	1/1, 100%	0%	0/18, 0%	N/A	N/A	N/A
Bereavement activities with groups	8/24, 33%	0%	4/4, 100%	0%	3/18, 17%	1/2, 50%	1/2, 50%	0%
Triage	1/2, 50%	1/2, 50%	0%	0%	2/18, 11%	0%	2/2, 100%	0%

Table 4.2: Interventions with staff and their perceived effectiveness

	Interventions with staff NOT directly involved				Interventions with staff directly involved			
	Number carrying out intervention	Perceived effectiveness of intervention			Number carrying out intervention	Perceived effectiveness of intervention		
		Very effective	Effective	Ineffective		Very effective	Effective	Ineffective
Signposting other services	18/27, 67%	1/13, 8%	12/13, 92%	0%	11/23, 48%	1/6, 17%	4/6, 67%	1/6, 17%
Individual debriefing	15/27, 56%	3/13, 23%	10/13, 77%	0%	17/23, 74%	4/14, 29%	10/14, 71%	0%
Group debriefing	15/27, 56%	3/11, 27%	8/11, 73%	0%	8/23, 35%	1/7, 14%	6/7, 86%	0%
Individual counselling	7/27, 26%	0%	4/5, 80%	1/5, 20%	6/23, 26%	1/6, 17%	4/6, 67%	1/6, 17%
Refer to clinical psychology	3/27, 8%	0%	0%	0%	2/23, 9%	0%	0%	1/1, 100%
Group counselling	5/27, 19%	1/4, 25%	2/4, 50%	1/4, 25%	2/23, 9%	0%	1/2, 50%	1/2, 50%
Individual CBT	2/27, 7%	0%	1/1, 100%	0%	1/23, 4%	0%	1/1, 100%	0%
Group CBT	2/27, 7%	0%	0%	1/1, 100%	2/23, 9%	0%	2/2, 100%	0%
Advice on the curriculum	12/27, 44%	1/10, 10%	8/10, 80%	1/10, 10%	6/23, 26%	1/6, 17%	5/6, 83%	0%
Providing information leaflets etc	20/27, 74%	3/15, 20%	12/15, 80%	0%	13/23, 57%	3/11, 27%	8/11, 73%	0%
Advice on pupil reactions	19/27, 70%	3/16, 19%	13/16, 81%	0%	13/23, 57%	7/12, 58%	5/12, 42%	0%
Triage	1/27, 4%	0%	1/1, 100%	0%	1/23, 4%	0%	1/1, 100%	0%
Bereavement activities	3/27, 11%	0%	3/3, 100%	0%	4/23, 17%	0%	4/4, 100%	0%

The results for interventions with pupils are shown in *Table 4.1*. The most commonly reported interventions with pupils not directly involved in the incident, were signposting to other services, group debriefing and individual debriefing. EPs were also asked to comment on interventions with pupils directly involved in the incident. Once again signposting to other services was the most common intervention reported for this group. Debriefing was also a frequently reported intervention, with this most likely to be on an individual basis rather than in a group setting. Interventions with pupils were largely seen as effective.

The results for interventions with staff (see *Table 4.2*) show that most commonly reported interventions for staff not directly involved in the event were providing information, leaflets etc., and providing advice on managing pupil reactions and debriefing. Many EPs were unsure about the effectiveness of these interventions but those that responded largely thought that these were effective. With staff directly involved in the incident, the most commonly reported intervention was individual debriefing which was more frequent than group debriefing. Providing information leaflets and giving advice on managing pupil reactions were interventions reported by more than half of the EPs surveyed. These interventions were largely seen as effective.

Relatively few EPs provided a response to the questions about interventions with families, suggesting this was not a common practice. Of those that did respond, providing information, signposting services and individual debriefing were jointly the most frequently reported responses (6/11, 55%). Individual non-specific counselling was the next most often reported intervention (5/11, 45%). The only other interventions reported were group debriefing (3/11, 27%), referral to Clinical Psychology (2/11, 18%), group counselling (2/11, 18%) and individual CBT-based interventions (1/11, 9%). Once again, all were regarded as at least effective, with two exceptions. One EP reported that referral to Clinical Psychology had been very ineffective and the same EP commented that signposting other services had been very ineffective.

Table 4.3: Interventions with school Senior Leadership Team and their perceived effectiveness

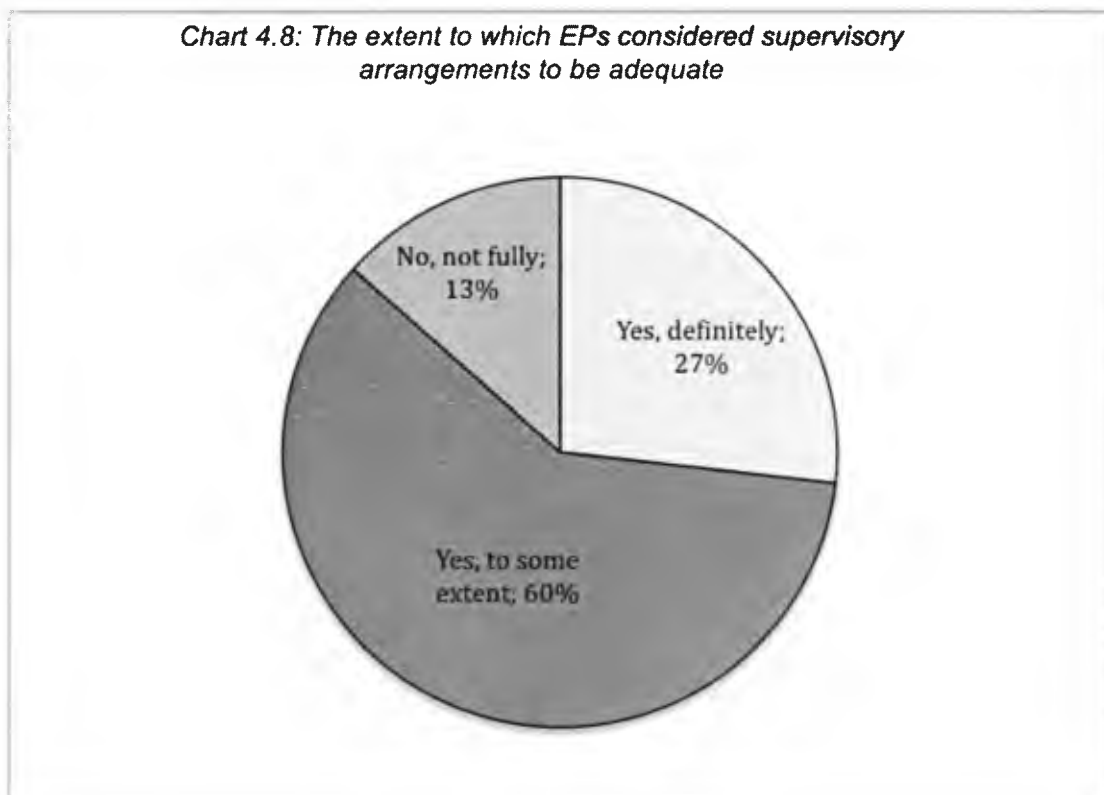
	Interventions with school Senior Leadership Team			
	Number carrying out intervention	Perceived effectiveness of intervention		
		Very effective	Effective	Ineffective
Signposting other services	17/23, 74%	3/16, 18%	12/16, 75%	1/16, 6%
Providing information leaflets etc	16/23, 70%	3/14, 21%	11/14, 79%	0%
Advice on dealing with the press	10/23, 44%	4/10, 40%	6/10, 60%	0%
Advice on designing a response plan	16/23, 70%	5/16, 31%	11/16, 69%	0%
Advice on implementing a response plan	15/23, 65%	4/15, 27%	11/15, 73%	0%
Curricular advice	11/23, 47%	3/10, 30%	7/10, 70%	0%
Advice on the systemic / organisational impact	18/23, 78%	5/17, 29%	12/17, 71%	0%

The results of interventions with the SLT are shown in *Table 4.3*. The most frequently reported intervention was providing information about the systemic impact of a CI. Other frequently reported interventions included helping to design and implement a response plan; and signposting to other services. Interestingly a much higher proportion than with other groups commented on the effectiveness of these interventions. All of the interventions were rated as very effective or effective apart from one EP who reported that signposting to other services had been ineffective. The overall pattern of the results showed that a considerable proportion of EPs did not report the effectiveness of interventions with the exception of those interventions undertaken with SLTs. The possible perception that referral to clinical psychology may be ineffective should be considered in the light of one EP who repeatedly commented on the perceived ineffectiveness of this intervention.

4.3.7 EPs' experience of supervision

EPs were asked about the supervisory arrangements in place in relation to CI work in their EPS. By far the most common aspect of supervisory practice was co-working with a colleague (25/31, 81%). Additional supervision on request (18/31, 58%), and supervision within the normal supervisory arrangements (17/31, 55%) were the next most frequently reported arrangements. Additional unrequested supervision was the least mentioned facet, with 45% (14/34) mentioning this.

EPs were asked to what extent that they considered the supervisory arrangements to be adequate. The results are shown in *Chart 4.8*.



The results show that only just over a quarter of EPs considered the supervisory arrangements to be completely adequate. Although this represents a much smaller sample of EPSs, the results indicate that EPs have less confidence in the supervisory arrangements than the PEPs surveyed, of whom 56% thought the arrangements provided were definitely adequate.

4.3.8 Evaluation

EPs were asked how their work in relation to CI was evaluated. The majority of EPs were not sure how the work was evaluated (25/40, 63%). The vast majority of EPs (38/41, 93%) reported that they had never formally evaluated their work in relation to CIs. Two EPs reported that others had evaluated their work and one EP that a formal evaluation had been undertaken.

Among those who reported a method of evaluation, informal consultation with members of the school community was the most frequently reported form of evaluation. By far the most commonly reported way of evaluating work was informal consultation with school staff (16/40, 40%). Informal consultation with pupils (4/40, 10%) and parents (3/40, 8%) were also mentioned. Only one EP reported that questionnaires to school staff were used.

4.3.9 Hypothetical scenario

The questionnaire for EPs was designed to be appropriate both for EPs who had previous experience of responding to CIs and those who did not. A hypothetical scenario was provided as part of the survey to find out how EPs might respond. The fictitious scenario involved a road traffic accident occurring outside the school gates in which a 9-year-old pupil is seriously injured. The scenario described how this accident had been witnessed by pupils, families and school staff. EPs were asked how they would respond to the incident. In addition, some pre-categorised questions were asked relating to how EPs might respond to the request, and who else may be involved.

The most commonly reported aspect of the response was to consult with the Headteacher of the school. The vast majority indicated that this would be part of their response (33/37, 89%). Another frequently reported aspect of EP response included consulting the CI Policy of the EPS (30/37, 81%). The majority (25/37, 68%) also reported that they would consult with a Senior EP as part of the intervention. In terms of other professionals who might form part of the response, the most frequently reported were the police (28/37, 76%) and the LA's Press Officer (26/37, 70%).

The descriptions of the responses provided by the EPs were analysed to identify emergent themes. A wide range of potential interventions were provided, but some commonalities were found. In responding to the initial request, many EPs described consulting with a SEP or Line Manager as a first step. Providing a rapid response to the request was also mentioned by a number of EPs as important. Many specifically mentioned that they would co-work with another EP when carrying out their work. The vast majority of EPs reported that they would consult with the Headteacher or SLT of the school as the initial contact with the school. The functions of this meeting appeared to be various, and included negotiation of the role of the EPs, identifying resources available to the school, identifying potentially vulnerable groups or individuals, ensuring that key staff were emotionally capable of carrying out their duties, setting priorities, planning work and deciding who else could be involved.

Helping the school to manage information emerged as a major theme. A variety of ways of informing the pupils, staff and the wider community were described. These included talking to the whole staff team; talking to the whole school in an assembly; talking to specific groups of staff and pupils; and helping to draft letters to go home.

Supporting the school as a system was another major theme. This variously involved identifying resources within the school that may be called upon; helping to ensure that normality was maintained; identifying vulnerable groups within the school community; signposting other services that might help support the school system; and advising staff about what to say to pupils about what had happened.

Some EPs mentioned work with individuals and groups of children. This included the provision of a quiet space for pupils to talk to the EP; debriefing; and meeting with pupils and staff who had witnessed the accident. Several EPs mentioned contacting the family of the pupil involved in the accident.

4.4 Semi-structured interviews

To further explore the response of EPs to CIs, semi-structured interviews were conducted with eight EPs.

4.4.1 Interview sample

From the information provided as part of the questionnaire to EPs, it was possible to provide some general information on the interview participants. The EPs interviewed worked in four different EPSs. Two of these EPSs worked with schools in an inner city context. The remaining two EPSs served schools within a mixed rural / urban / suburban context. Three of the four EPSs had a completed CI policy and one EPS was in the process of developing a policy.

Most of those EPs interviewed were main grade EPs and two were Senior EPs. The majority of those EPs interviewed had been qualified for more than 10 years although some were recently qualified. All had received some CI training within the last three years. Half the sample thought that they had received adequate training and were qualified to respond to CIs.

The amount of experience in responding to CIs varied across the sample. Not surprisingly, the more experienced EPs (in terms of length of time since training) generally had considerably more experience in responding to a wide number and range of incidents. More recently trained EPs had each responded to three or fewer incidents. Three quarters of EPs were from an EPS where there is currently a CI policy. All of these said that they had referred to the CI policy as part of their response to the most recent CI, and most agreed that the policy had been useful in informing their response. Over half of the participants felt that the supervisory arrangements following CI work were adequate “to some extent” with the remainder feeling that these arrangements were “not fully” adequate. None of the EPs had formally evaluated their work in CI response.

4.4.2 Deciding what constitutes a critical incident

Some interviewees described what they considered constituted a CI, and how an incident was deemed to be ‘critical’. This complements the information gathered from the questionnaire where participants were asked for the definition

from the CI policy, but related to reflections on their experience and practice as EPs.

“But in terms of what I would think would constitute a critical incident it is a relativistic term in a way because what I might... the school might be perfectly okay to cope with it... to cope with a major incident that would challenge another school. So it does seem to me it’s a relativistic term. But it seems to me that given that definition it’s the way people are reacting to it, that they appear to be not coping.”

“It was still critical in that people were struggling with managing this”

“When things come out the blue in such a dramatic event, such as a suicide or a... or a member of the school community and it has such an effect on them with schools’ coping mechanisms go out the window, then for me that sort of tips it over into sort of a critical incident.”

“It’s something that would occur as a shock. Something that’s unexplained. Something that happens that’s of high significance to schools and families.”

Taken together several themes emerged in deciding whether an incident may be critical. Firstly, there is the ability of the school to “cope” with or “manage” the incident. Second is the suddenness of the event that comes “out of the blue” or as a “shock”. Thirdly the “significance” of the event to schools and families was mentioned. These three strands map on to the working definition generated as part of the initial review of policy and academic literature.

Mentioned by many EPs were systemic risk factors. These are recorded here as they had an impact on the school's ability to "cope" with or "manage" the event. So, where such systemic factors exist, the incident is more likely to "overwhelm the coping mechanisms of a whole school or members of the school community".

"The Deputy Head said to us "oh, there's [x] members of staff in this school but only [y] of them have got jobs to go to" because it was [a] school [that was] closing. So it was sort of set against that background a little bit."

"Because it was a very small staff population, it hit them very hard, very close-knit."

"The Head Teacher was new and she'd just come in and taken over the school, just a week after this had happened, and she wanted to set her agenda and change the school and get things moving and wasn't really wanting to hear about this tragedy and the impact it was having on the staff. She had a completely different agenda."

"The head ... was a young female head and she was finding it really challenging anyway during the period of special measures and so I was supporting her anyway."

"One of the schools that I was working in, which was actually quite a difficult school, had a really poor OFSTED report. The OFSTED inspectorate at the time were really quite damning of this school and the teaching."

The risk factors identified were various. These included schools having an inexperienced or newly appointed Headteacher; being subject to considerable scrutiny by outside agencies; and schools that were to close down in the near future. Having a small close-knit staff group was also identified as a systemic risk factor.

4.4.3 Incidents described

Interviewees were asked to describe the most recent CI to which they had responded. A range of incidents were described that have been categorised as follows: suicide of member of school community (3); sudden death of pupil (2); suicide of pupil (1) sudden death of member of school community (1); and death of pupil following crime (1). Details have deliberately been withheld to protect the anonymity of the people and EPSs involved.

4.4.4 What EPs do in response to critical incidents

EPs were asked to describe what they did when responding to the most recent critical. EPs detailed a number of aspects of response to CIs. These have been divided into three main themes. The first theme includes factors mentioned by the EPs as influencing how they may respond to the CI. The second theme looks at the work described by EPs that supports the school as a system. The third theme considers interventions carried out directly with pupils.

4.4.4.1 Factors influencing EP response

A number of factors influenced how EPs respond to a CI. These included how the role of the EP is portrayed by others. Several EPs mentioned the view that the press or other members of the LA have of the role of the EP. This mainly centred on the view that EPs would be there in the role of counsellor. There was a sense in which this in turn influenced the school's knowledge of what the EP service could offer in response to CIs:

“Schools and the media, and the general public, will often want the... such shorthand that the schools are being provided with counselling. You know, so everyone's being counselled, everyone wants a counsellor, type stuff. The reality is actually it's not needed, really.”

The school's knowledge (or the lack of it) of the role of the EP was also a factor mentioned. This often centred on the assumption that EPs would provide counselling following a CI. In the responses they described, some EPs went along with this role of and others renegotiated their role with senior staff.

"[The Headteacher had] been told by someone else in the local authority that it was a counselling service, and then I had to explain to her and she needed concrete examples of the kind of things that we did."

Many EPs talked about how they would negotiate their role as an EP and in relation to others who may be involved in the response. It was interesting to note in one particular case that the name and role of counsellor given to the EP did not appear to be challenged in discussions with the head or in practice.

"They tended to split into there being more direct counselling from CAMHS, counselling type support and more organisational and systems type support from EPs. But they overlapped quite a lot."

"We actually met with the... the local group of professionals who work in that particular school...cause it was a special school it had speech and language therapists, occupational therapists, physiotherapists and also had actually some CAMHS workers who worked in the school. So we coordinated a meeting between those professionals... to say where the school was at, what was actually happening, and what our roles would be."

"So you can say to parents, you can say to governors, you can say to Senior Leadership Teams and Heads, you can actually say something like, 'We will say that the children are all receiving counselling 'cause in actual fact we will set up any referral pathways

that are needed. We will facilitate that so that's a truism. But the reality is, this is what we're going to do. We're going to work with the staff, we're going to work with the kids, we're going to work with the parents, and... you know what? It's probably the case that 99.9% of the community won't need individual counselling, whatever that is."

How the EPs described, or conceptualised their own role, their own role was also a factor.

"How do we go into this mayhem that is uncertain, and try and get some sort of order and organisation within that without being insanely controlling of it?"

"Often, the best thing the Education Psychologist can actually do is support staff in supporting each other, and keeping some of this sort of like travelling trauma circus at bay"

"I'm here to find out how you, as a community, can support one another."

Knowledge of the school system was seen as a positive factor in formulating an appropriate response.

"That school has often said, 'bloody EPs, they don't, you know, statement enough kids and all the rest of it, and what use are they anyway? Blah, blah, blah, blah, blah. So there's all that hinterland stuff that you know."

“I’d been EP for that school for almost 2 years... so I had some familiarity with the school ... I was conscious that this was a school where people really trusted me. I was getting on well with the school.”

4.4.4.2 Work carried out with school staff

The next theme clustered around the work that EPs had done with the school system indirectly with the children, through working with school staff. There were a number of different aspects of this work identified. The most commonly described aspect of EP work was meeting with the school’s SLT. In some instances this was just the Headteacher of the school, and in other responses involved other senior staff. This was frequently described as the first aspect of the intervention, often taking place before the pupils arrived at school. These meetings appeared to serve a number of functions. Firstly, it was described as a way of the EP gathering some further information about the incident and the reactions of the school community. Secondly, it was a way of listening to the concerns of the SLT regarding the impact of the incident. Thirdly, this meeting was sometimes used as a way of beginning to identify those individuals or groups who may be particularly vulnerable. Fourthly, the role of the EP was often negotiated at this meeting. This sometimes took account of the school’s own resources as well as the use of outside agencies such as Child and Adolescent Mental Health Services (CAMHS). Fifthly, what the EPs would actually do was often planned at this meeting, including the practical arrangements of timings and the provision of appropriate space within the school etc. Finally, as well as informal conversations throughout the day, there was sometimes described a second consultation at the end of the day. This had the aim of reviewing the work done and its effectiveness as well as plan any ongoing work, discuss any identified vulnerable individuals or groups etc.

The Head had wanted us to come in at nine, I said it probably might be a good idea if we came in a bit earlier, with [EP name] so we made sure we were significantly earlier [than nine]. Not so much it

would look like we were pariah-ing, but equally so that there could be a bit of a meeting before everybody came in and we could get some planning done.”

“So we then had the meeting and we decided on a sort of course of action really, in terms of what the Senior Leadership Team think would be really, really important. And that’s a sort of like... a consultation really, where they will actually propose things that they think will be important but they’re also seeking sort of like guidance ... as to what may be useful.”

“I seem to remember ... the initial discussion with the head, what did she want me to do?”

Recognising and utilising areas of systemic strength was mentioned by three quarters of EPs interviewed. This factor describes how pre-existing supportive elements of the school system are mobilised following a CI. This allowed for the school system to retain a degree of ownership of the issue and its resolution. In addition, it allowed for support to be directed most effectively to areas of the system and groups within the system that may be less functional.

“[The] school felt that they could deal with a lot of what was happening and they wanted some advice to discuss cases that they felt they were dealing with but maybe they just wanted to check that they’d done enough.”

“They had systems in place, I guess that was it. This had happened, nobody could stop it having happened, but the school had systems in place to support the children through the initial bit; they were excellent, the assembly had been good.”

“So if Mrs Jones gets on really well with Mr Smith, fine. Why do I need to get involved necessarily? If that seems enough for now, allow their own healing process to form.”

The identification of individuals or groups who may be particularly vulnerable was frequently mentioned as part of the EP response to the CI. Sometimes this was partly done in the initial consultation with the SLT of the school as described above. However, this was not exclusively the case and its importance merits discussion as a discrete part of the EP intervention.

“There was a little girl [eventually referred to CAMHS]...who was also in a quite a vulnerable family situation as well... and she didn't necessarily have a kind of parenting experience that could help her make sense of that as well, so it [the referral to CAMHS] was kind of to fill some of that as well.”

“And really through that we tried to get an idea of what they saw as the vulnerable groups, tried to do... circles of vulnerability, which is ...basically about who was there at the incident, who saw the blood and guts for want of a better phrase... cause they might be vulnerable. Who are the close/emotional friends, because they're likely to be vulnerable.”

“So there was that type of identifying who would be the most vulnerable, then there's something about alerting the staff who work closest with those children and families in terms of them monitoring their responses to the incident itself.”

“It may be useful to spend some time thinking about potentially vulnerable children and families. So if you're thinking of concentric zones of vulnerability really, who would be really, really closest?”

There were a number of individual or groups who may be deemed as being vulnerable due to a variety of risk factors. Firstly, it was mentioned that those individuals or groups that were close to the incident might be particularly vulnerable. These people may include those that may have witnessed the incident:

"[Of those that sought the support of the EPs there was] somebody else who had witnessed it, you had the friend... who'd found him."

People who had a close relationship with the person or people involved in the incident were also mentioned as being potentially vulnerable:

"One woman in particular seemed quite... quite sort of friendly with the teacher who'd gone and she was suffering an enormous amount of guilt."

Individuals for whom the incident may trigger memories of a recent traumatic event were also mentioned by interviewees as being potentially vulnerable. The triggers may be known about or may be disclosed as part of the CI response.

"So [the pupil's] concerns were less about what had happened to the teacher [who had committed suicide], but the realisation that her father had killed himself"

Consulting with school staff, mentioned by half the interviewees, was differentiated from counselling for school staff. The consulting factor encompassed examples given where the concerns of the school staff were brought to the EP, and the EP engaged in a collaborative process where concerns were raised and potential solutions jointly explored. These consultations took place both on an individual basis and with groups of staff. The concerns raised were various but mainly centred on how to manage the pupils' reaction to the CI.

“And from my experience, you know, this is one of the key things really, is that if you’re working in a school community and something horrendously distressing or traumatic actually happens, what teachers and parents will ask you as a psychologist is, ‘What do I say to the kids?’ That’s what they want to know, ‘What do I say to them?’ They’ll say that repeatedly, so they want you to sort of like guide them in terms of a script or response really.”

Facilitating referral to other services was mentioned by half of the EPs who were interviewed. This type of intervention was associated with those EPs who had not carried out counselling or debriefing work with individuals. The referrals reported were to CAMHS services and other counselling services.

“[Some time after the event] there was children in the class who were presenting in quite... ways that were worrying the staff, that we needed to pick up and refer on [to CAMHS] as well.”

“So we see our role, for example, as saying to CAMHS, ‘you have access to counselling, clinical psychology colleagues... how do we fast track these kids or these parents if it’s requested?’”

“We went in about twice basically, and the school already had sort of a School Counsellor and things like that, and ... we handed it kind of over to them at that point”

Two EPs also mentioned supporting the school in managing the press and media. This type of work involved tasks such as liaising with the LA Press Officer and helping the SLT of the school to prepare press releases. Other EPs reported that the press was handled by other representatives of the LA directly, such as the Press Officer.

“There was a press release developed...[by the] Senior Leadership Team ... in conjunction with the press officer, and we were part of that discussion as well actually, what we would actually say.”

“And then the other thing that I thought about from my reading was about media, and if the media were going to intrude, then how the school might handle that, and basically try to keep them away as much as possible.”

One EP mentioned carrying out a debriefing type procedure with a member of school staff.

“And that’s running through a procedure that is probably quite close to what NICE said you shouldn’t do about debriefing but others would say ‘isn’t’ debriefing and certainly is what is advocated [on a specific training course].”

4.4.4.3 Work carried out directly with pupils

The third theme identified work carried out directly with the pupils. Work directly with pupils was described less frequently than work with school staff. Three main elements to this kind of work were described. The most frequently described work was counselling of pupils.

“And I guess our aim was to provide just somewhere for them to give feelings to, but to normalise them, say actually ‘yeah, gosh it is sad isn’t it? Tell me what he was like.’ And I think our emphasis was on ‘you know, tell me what he was like, let’s remember. Let’s have it as a remembrance time,’ and talking about them and thinking of activities.”

“Well, it was a case of the offer was made open to everybody that we would be available to talk to anybody who felt they needed to.”

All of the EPs who reported this sort of intervention were from the same EPS. Pupils were counselled both individually and in pairs. Although no specific theoretical underpinning was described, the aim seemed to be to provide space for pupils to discuss what had happened as well as their cognitive and affective reaction to the event. Issues were raised by participants about how it was decided that children should see the EP. In one case a triage system run by school staff had been implemented but there were concerns that this had not been effective. In other cases the children self-referred. The associated issue of permission was also raised. Individual permission was not sought for work with the EP. One of the EPs interviewed had raised this is a potential concern. Finally, the way that such work is recorded was mentioned. One EP was concerned that the work had no formal structure for recording process or outcome. Debriefing was mentioned by one EP, and another EP was asked to talk directly to a class of pupils whose teacher had been involved in a CI.

“I went into the classroom, stood at the front and introduced myself, and then at least 30 kids were sitting in front of me....and in answering the questions I began to explain as clearly and simply as I could, you know, my belief about the human condition, about the emotional needs, the limits of my knowledge.”

4.4.5 How training and experience guided practice

All of the EPs who had experience of CI response prior to their most recent response (6/8) said that this had guided their practice to some extent. All EPs talked about how their experience had positively impacted in their subsequent responses. The benefits described included being more confident in dealing with the situation and knowing what aspects of response might be salient.

"I suppose the experience bit certainly, having done a number of them before"

"Having now experienced a critical incident, and knowing... well, feeling that I managed that well... yes. That does... having the experience does give you the confidence if another critical incident arose. I know that I could deal with it"

"And from my experience, you know, this is one of the key things really"

EPs were less positive about the training they had received. Three EPs mentioned only positive aspects of the training they had received, three only negative aspects and two EPs both positive and negative aspects. Positive aspects of training are exemplified below.

"I think it [the critical incident training] taught me a lot about coordination and coherence, and just what goes down"

"So we had the whole staff training with another EPS, we talked about critical incidents a lot more, we agreed as a service that if a critical incident happened then, ideally, there'd be two EPs going in, in the same way that myself and the other EP had gone in, cause that, we thought that that was key, that was really, really helpful."

"I think it was learning from someone else's understanding as well, so it's not just reading a piece of paper, you know, or somebody saying 'this is what I think,' it's being guided by their understanding and having a chance to build a level of confidence and understanding... I think. That was the helpful element of it."

The negative comments were various.

“Obviously we had some critical incident training as well, when I was training. But actually... I didn’t find that so helpful because that was all about debriefing and that... not wasn’t what I was doing”

“And I remember being asked to do some critical incident stress debriefing which had been the focus of the training in [another EPS]. And I had read some studies that said, you know, this can be a very unhelpful intervention, watch out, you know. And so I approached it very carefully.”

“I have had some training like all of us have during my time as an EP, but the thing with training for this sort of thing is that by its nature you don’t know when something’s going to turn up. So you may have critical incident training and then you never... and you forget or you don’t use or whatever.”

“I mean we had some training on PS, or PTSD as well recently, but I haven’t really found that... I don’t know, the training I think... the training I’ve experienced on critical incidents is... maybe I’m just not having the right experiences but, it’s not really grounded on the event in the school, it’s quite abstract and removed from the reality of going in and sitting and facing a lot of very distressed, upset people. And yeah, maybe it’d be really nice to have something to bridge between all these theoretical constructs and ideas, to actually the experience of doing the work in the moment, and what it’s like.”

“So I think we... in terms of critical incident we should probably have much more of a facilitative role in kind of... allowing people to draw

on their strengths and their own solutions and ... and helping them to find those. I don't think the training that we had offered that, it offered something different."

As well as specific training, most EPs also mentioned several other areas of training that had been deemed useful in responding to CIs.

"In terms of general training yes... well, I hope, you know, having done Elkin I think it was but... Elgin or whatever it's called, but Rogerian counselling type stuff. Empathy, knowing a bit about, I mean ... consultation... one of the big things about consultation is actually it comes from a psychotherapeutic background, sort of dynamic background originally, Caplan and Caplan, and people like that."

"I don't know, Milton Erikson and underpinning ideas that I've got from 'Human Givens' work, from my Adlerian training I've... I've... I did some training, a 2 year course in Adlerian psychology and that had a big impact on me and so that's very close to the choice theory ideas that guide me really through a lot of what I do."

"[I] also thought about just other approaches that you use in psychology when you're... you know, just in consultation when you're listening to... very upsetting things and what's helpful for the consultee in those situations. And then talking it through with the other... the other educational psychologist was really helpful."

"Well I suppose my EP training, and I did train at the Tavi ... my Senior ... was able to talk about Tavi ideas with me, very much the kind of projections, the transference, and also systemic ideas of what the functions of some of this was in the system, and what was kind of happening in the wider system as well."

Initial training was mentioned by half the sample

“I think in terms of initial training, because I trained in 198X, this wouldn’t be covered in initial training.”

“As part of my degree course, I happened to have done a module on critical incidents; I’d written an essay on it, I could remember quite vividly some of the information from that. So I thought about that, and then I thought back as well, my educational psychology training about critical incidents, also thought about just other approaches that you use in psychology when you’re... you know, just in consultation.”

“It was part of one of the modules at university, so it was just part of the taught course, but it was part of one of the modules that was specifically discussions around critical incidents, different modes of approaching critical incidents and some discussions from experienced tutor EPs on, you know, what they’d drawn together from their reading and approaches they’ve taken and found helpful. It was sort of... I guess it’s that... it’s that mediated learning experience isn’t it? Somebody was saying ‘actually, this is what I’ve read, this is the what I’ve interpreted from it, this is how I’ve used it.’ Having a discussion around that and learning from their attitude and responses to it. And then that being... and then when I read through the policy document, that’s going back onto that initial learning experience, I mean the written word is coming back to the feelings, the emotions, the learning from those more discussion-based tuition, if that makes sense.”

In terms of influence on practice, EPs with less overall EP experience, and less experience in responding to CIs, drew more on their initial training. This may be because they have had had limited in-service training. However it may

also reflect the finding in the EP questionnaire that of those EPs who had been qualified for more than 10 years ago, 36% (9/25) reported having no initial CI training compared to just one EP (5%, 1/21) who had qualified within the last 10 years. The two EPs who commented on the usefulness of initial training on practice, were positive about its impact.

4.4.6 Critical incident policy and practice

When EPs were asked what had guided their practice, they were more likely to mention experience and training than policy. However, when policy was mentioned, half of the EPs talked positively about its actual or potential impact on practice.

“Well I think our critical incident pack [helped inform my response], which I put together, so it didn’t inform me in the sense of going through it and think ‘oh, page 7 says such and such... but more the reflection of putting that together”

“I suppose when I heard that I was going to be going in, the first thing I did was went back and read the policy documentation, just making sure I knew [my EPS’s] slant on it.”

“And I think again, if we’d had something more formal written in advance and a set procedure that triggers other people’s involvement and so on, then it might have been more supportive and helpful.”

Some EPs mentioned that protocols for responding were helpful in EP response. Other talked about the information contained within the policy that might help. In all cases there was a sense that this would guide practice rather than dictate what was done. There was also a lot of talk about the development of policy. This in itself was often seen as a helpful process, and very useful in guiding EPs’ response to CIs.

“This was at the time when as a county, we were developing our guidance to managing critical incidents, so these were ongoing before the final version had appeared.”

“And we decided that we should draw up a protocol, and we didn’t. And the conversation has arisen again and there are a couple of EPs who have volunteered to work on producing a protocol. We now have a folder on our EPS drive for critical incidents, so I think people are now saving information in that folder as well.”

“I kind of, with another colleague, we’ve got a very simple flow-diagram for the procedure for receiving a... a request for critical incident support... cause there’s nothing written down. So what I think needs to be some structure around the... the person who’s going to be doing the work so that you have some support before you pick up the phone to negotiate what your involvement will be.”

EPs also talked about how their experiences of responding to CIs had helped to identify what might be useful to be included in a CI policy. This had then been developed and formed part of the process of policy development.

4.4.7 How psychological theories and models guide practice

A wide range of psychological models and theories emerged in the interviews. Sometimes these were explicitly named by interviewees and at other times their use was inferred from practice described. The most frequently mentioned model was that of consultation. In the majority of interviews the word ‘consultation’ was used when describing EP practice. The other three interviewees described practice that alluded to consultation taking place, without naming it as such. Wherever it was specifically named, it was mentioned as a useful and appropriate model.

“It was more my consultation skills to be honest, it was more about listening, reflecting back, clarifying, and exploring, being curious, hypothesising, it was those things that actually tried... tried to find words to describe and talk about what was happening.”

“Empathy [was important]... and one of the big things about consultation is actually it comes from a psychotherapeutic background, sort of dynamic background originally, Caplan and Caplan, and people like that.”

“I knew how they responded as a whole staff team to whole staff consultations. So I guess I thought it would be an effective way for us to talk, because they’re kind of used to that supportive environment. I suppose the structure in my mind was about listening to their concerns, acknowledging the feelings and feeding back, summarising what they’d said to me. And then ... trying to get them to think about anything positive, or anything that they could use to help move forward, and then putting a plan of action into place, so... and I guess that’s kind of the structure I typically use in any consultation meeting.”

Systems theories were mentioned explicitly and implicitly by the majority of interviewees. This ties in with the finding from the PEP questionnaire that 66% of EPS CI policies have systemic theories as part of their theoretical underpinning. The theme refers or alludes to the school as a system being disrupted by the CI. The aim of intervention was, therefore, to return the system to a more stable state and effective functioning through supporting the system.

“Also systemic ideas of what the functions of some of this was in the system, and what was kind of happening in the wider system as well”

“I think it’s really about supporting schools to find their own ways of acknowledging, talking about, remembering... whatever, how they deal with loss and grief. It’s not necessarily that we need to come in and do something to them and fix them, because they don’t necessarily need fixing. What they need is someone to help them think through how they want to respond and acknowledge what’s happened, and in a way that’s containing, gives a structure, that people can then work through and support each other. So I think we... in terms of critical incident we should probably have much more of a facilitative role in kind of... allowing people to draw on their strengths and their own solutions and... and helping them to find those.”

Aspects of psychodynamic theory were mentioned by half of the interviewees. In three of these cases the theory was directly mentioned as informing aspects of practice. In one case it was alluded to through the concept of ‘containment’.

“So I like to think we did some containing by being there, being okay with it for want of a better phrase.”

“Then I think ... the whole psychodynamic stuff is very much around, you know, how we deal with loss and it is a big part of that theory.”

“So we spoke about them projecting their feelings onto the children... they felt really, really angry, and we were saying that it’s important to hold onto them really and deal with them, rather than project them onto the kids.”

“So I was using a consultation approach, although it did feel a bit more psychodynamic than usual. I think it was tapping a lot more into feelings, projection, and...that kind of psychology.”

Another frequently mentioned model was debriefing. Often the model of debriefing was not specified, but the Mitchell model of CISD (1983) was mentioned by one participant. Most of the comments sounded a note of caution about the use of debriefing, demonstrating an awareness of the current academic debate about its efficacy.

“If Ed Psychs become involved in that and they are actually talking about things like debriefing or counselling as an automatic response really, without checking out what the evidence base is behind those suggestions, it’s really worrying to me actually, because it’s not necessary and it’s not professionally competent anymore.”

“And that’s running through a procedure that is probably quite close to what NICE said you shouldn’t do about debriefing. But others would say it isn’t debriefing and certainly is what is advocated from the ISPA [International School Psychology Association] course.”

“I mean debriefing’s quite practical so that was kind of a practical thing that you could go in and do and it was just kind of... taking someone through the event really, moment by moment.”

“It was all about debriefing and now the research is quite anti debriefing now isn’t it?”

Adversarial growth (e.g. Linley & Joseph, 2005) was alluded to by half of the interviewees. This emerged entirely at the latent level and was coded where individuals or the school collectively were described as gaining positively from the experience of dealing with the CI.

“But anyway, whenever I sat down with all the staff, and there would be teaching staff and non-teaching staff, I just remember experiencing extreme warmth and creativity and productivity. There was no acrimony.”

“Managing to get through dangerous journeys, humanises people. Taking them away reduces people. So I really don’t want to rescue people from their pain.”

“I think for that colleague, and for us as a service, how that... the school community actually responded to this, you know, horribly distressing event; how they supported each other and how they came through it actually.”

Solution oriented or solution focused approaches were mentioned by nearly half of the interviewees. Some caution was associated with its use in CI response, as it was deemed that it may be seen as an insensitive approach. Where it was employed, it involved mainly recognising the strengths of members of the school community.

“And I just did the solution oriented counselling that I’m sort of used to in reality theory and a choice theory guided way really.”

“I think we had to be incredibly sensitive about using a solution-focused approach in this situation...we couldn’t plunge into ‘well, is there anything good about this?’ Because actually no, there isn’t anything good about the fact that somebody’s just been killed. But it was more about, you know, the strength of the staff team... and we think it’s amazing that you’ve been able to sit here and talk about your feelings to each other and that’s going to be really helpful in

you supporting one another as a staff team, because you need to be united... So kind of drawing out, praising their response and approach, and how that was going to help them move forward. Rather than asking, well okay, what's the positive in this and can you think of... a way to move it forward?"

PTSD was mentioned by two interviewees. One EP considered that knowledge of PTSD had been useful in conceptualising pupils' possible reactions to traumatic events. The other EP did not consider that such a theoretical perspective was relevant to EP practice.

"I don't necessarily agree that the theories on PTSD are what we need for dealing with critical incidents, because there's a danger of pathologising a bit as well isn't there?"

"So it did draw on that, child development and... you know, more post-traumatic stress reactions types of things. If somebody is bringing out an indication at that point, what might... how might that be likely to continue?"

CBT was mentioned as a theoretical underpinning of one EP's practice. It was made clear in this case that CBT was not practiced but rather a cognitive behavioural conceptualisation of trauma was used to inform the EP's work, for example in consultation with school staff.

"Cognitive behavioural approaches really, seems to me to be the most relevant and most useful type of stuff that's actually going on. The emergent evidence base behind a lot of the cognitive behavioural CBT type of responses to trauma is that it works. It seems to enable people to manage what they've been through and take steps forward. The bigger question, and the more interesting question sometimes I think, is we don't know how it works but it seems to work."

“You can actually take the principles, the theoretical principles of cognitive behavioural approaches and implement them in terms of either working with children individually, working with TAs with children individually, or working with teachers and whole groups.”

Particularly salient was how EPs described the ways in which psychological theories and models informed practice. A strong factor emerged that described how some EPs draw on theories and models in their practice, but in a flexible way that allows EPs to respond to various incidents. The flexibility was described as important in work that involves dealing with an amount of uncertainty and unpredictability. Within this there was a rejection of a dogmatic approach in favour of an intuitive and fluid application of psychological theories and models.

“I think [the best practitioners] are very informed by theories, but open theories. And they’re not closing things down, and I think that’s particularly important in critical incident stuff. And makes it particularly difficult, because you’ve got to be confident enough without being overly confident to be uncertain. Yeah? And that’s quite a difficult place to... to be, but I think if EPs are worth their salt, that’s where we should be.”

“I like to think that’s how I practice... yes I do know the theories, I do allow them to inform me, but they inform me from antennae, they don’t inform me as a rubric.”

“So I’m prepared to modify my response guided by, in some ways a sort of an intuitive sense of what’s going on that couldn’t easily be processed.”

4.4.8 Supervision

The following section focuses on the theme of supervision in relation to CI response. Five factors emerged from the analysis of the transcriptions of the interviews. These included two factors describing the context of the supervision and three factors around the function of the supervision.

The most common elements of supervision recounted by participants were the context factors of 'co-working as supervision' and 'supervision available on request'. 'Co-working as supervision' encompassed responses that described the supervisory opportunities and experiences that arose from co-working with another EP in response to a CI. In the majority of interviews, co-work was mentioned as a useful and highly valued aspect of the work.

"It would be nice to know that it was mandatory that somebody else join me because I know that that worked last time and it was really supportive."

"I think the crucial thing was that was there was another EP going there, in with me, because then when we had follow-up conversations we both knew exactly... we had both been in the situation, we'd both gone through the same thing, so it meant that we could... I didn't have to explain things in great detail because he'd also experienced and heard what I'd heard."

"Well, the other difference was that I had [the EP co-worker] with me as well all the way back. So you had an hour and a half in the car driving back to sort of talk about the day that had happened, yes?"

"We advocate that that type of work is not done solely by a psychologist, so we try and jointly support each other in those sorts of situations."

'Supervision available on request' described comments about EPs being offered supervision at their request in relation to their work in CI work. The way this was perceived by EPs varied. Half of the respondents said that they were offered supervision at their request but had chosen not to take this offer up. In the majority of cases it was implicit in responses that they felt that supervision would only be requested should the EP be experiencing some emotional distress following the work. In one case, the offer for additional supervision on request was taken up and valued.

"The offer [of supervision] was really there, [the SEP] had always said as team leader, you know, if there are issues you want to talk about, do."

"I think by being offered, it's very much 'I'm in need of supervision.' By it being part of the system or being something that needs to happen, I think I would feel about it differently."

"Our [PEP] was on hand as well. In the same way as he said 'you need to be on hand for the schools,' he said he was on hand. So I knew that I was able to go and speak to him at any point, I could disrupt his work and that was okay. And that was very supportive, and I did take him up on that a couple of times"

Three factors emerged describing the purpose of supervision. The most frequently mentioned was 'supervision as a way of providing emotional support'. The majority of these quotes described the positive aspects of this type of supervision. One EP felt that he did not need additional supervision for this purpose.

“I don't remember being deeply upset or requiring any form of debriefing with anybody. I actually... my memory is actually I just felt incredibly uplifted by it all.”

“Well I had supervision with my Senior and I was... I was... she was helping me kind of move things along, because I felt really burdened by being in this difficult but tricky place”

“I've spoken about wanting to have quite a low-key response and not overstate some of the emotions and what are normal emotional responses, and thinking well, so after it, do I... do I feel that I ought to have had a supervision session talking about how it made me feel and how upset I was?”

“Again that's quite a tricky question cause it depends on the event itself. It mirrors the critical incident in a sense really. I guess the more distressing, the more upsetting... then that would actually, you know, have an effect on your response as well, so... but in terms of the way that I've managed it personally, I mean obviously I take things to supervision, so we have group supervision and individual supervision in our service.”

‘Supervision as professional development’ was another factor describing the purpose of supervision. This related to supervisory experiences described by EPs as they reflected on their response with the aim of developing practice.

“I think the following week we had a team meeting where we looked at the process, because this had been very different from the previous incident”

“[I was] not seeking out supervision because it all went horribly wrong or because you feel upset about it still, but because there is a need to talk about what’s happened as a psychologist and to possibly plan forward, but also to have just had that as a time to reflect on it”

Finally there was the factor of ‘supervision to guide practice’. This included quotes about supervision that had taken place before and during the event to discuss the situation and possible ways of working with the school. This was distinct from the theme of ‘Supervision as professional development’ as it involved devising a plan of action rather than reflecting on practice.

“So that [supervision] was, definitely informing me on what to do, she was really helpful, my Senior”

“I’m going to ask for supervision first, to help me think through what the content of the phone call may involve and what I can do, what my role would be in that conversation”

4.4.9 Evaluation

None of the EPs interviewed described a formal evaluation of the work carried out in relation to CIs. In general, the effectiveness of the work was judged by the two factors of ‘informal feedback’ and ‘self-evaluation’ that were evident in interviews. Firstly, there was informal feedback from school staff and representatives of the LA that vouched for the quality and usefulness of the work. This was universally described as positive feedback.

“The feedback to the psychology service and the feedback to the County from the school was incredibly positive really. From staff, from the parents as well.”

“Well I suppose it was... the Head Teacher just making... just commenting, you know, thank you very much for coming in, that was really helpful.”

Secondly, there was evaluation based on the personal reflection of the EP involved.

“I think they did value the support that we offered; it was helpful. The other EP and myself came out and felt that we'd done a good job.”

“I feel good about [the critical incident work] in the sense of... I mean, it's a difficult thing to judge”

“I guess what tells me that it [EP work following a critical incident] might have been [useful] I suppose is the relationship I had afterwards, the quality of it. And the way I was seen in the school.”

Chapter 5 - Discussion

The following chapter considers the perceived strengths and weaknesses of the methodology. The main outcomes of the study are discussed, including the presentation of results in relation to previous studies in the area of CIs. These outcomes are then synthesised within a single- and double-loop learning model. Finally, reflections on the outcomes of the study yield implications for practice. Possible directions for future research are offered.

5.1 Evaluation of methodology

In evaluating the methodology employed in the current study, a number of strengths were noted. Firstly, the mixed methods design allowed the researcher to 'drill down' into EP practice in relation to CI response. This included an overview of practice from the PEP questionnaire. The results from the PEP survey were particularly useful in describing the context of the work of EPs in relation to CIs. This helped to 'set the scene' of current EP practice, and also allowed comparison to Houghton (1996), to explore how this context has changed over time. The range of opinions gathered from EPs in practice in the second questionnaire provided an overview of practice within a limited number of services. The semi-structured interviews afforded opportunities to look in-depth at the practice of a small number of EPs in CI response. To the author's knowledge of published EP practitioner research, this is the first time that such qualitative methodology has been applied in the field.

Another perceived strength was the fact that survey and interview data appeared to capture a reasonably broad range of views and practice in relation to CI response. A feature of the topic area was the relative lack of previous studies on the subject. During the course of the research, several EPs and Trainee EPs made contact with the researcher to discuss the current study as they had intentions of carrying out doctoral theses in the area. A large number of PEPs requested a summary of the results and in email correspondence there seemed to be a degree of engagement with the topic area. The perceived professional relevance of the topic area may have led to the reasonably good response rates achieved in the surveys.

A number of limitations in the methodology and the ways in which this was employed in practice are noted. Although the target number of responses was largely achieved and even exceeded in the PEP questionnaire, it is recognised that the PEP data collected represents approximately a quarter of all the EPSs in England (39 of 152, 26%) and under half of the EPSs sampled provided survey responses. Although attempts were made to select a sample of EPSs that reflected a diverse range of geographical and demographic contexts, responses to the EP questionnaire reflect a much smaller proportion of all of the EPs in England and interview data represented the views of eight purposively selected EPs. The potential for bias in questionnaire response is also recognised as the sample was selected purposively and PEPs or EPs with a particular interest in CIs may have been more likely to complete the survey. Hence given the purposive sampling; the potential for bias in those services that did respond; and the response rate, the representativeness of the context provided by the PEP questionnaire has limitations. These limitations are also present in the EP survey.

A further limitation related to some initial technical problems with the online surveys in spite of the piloting procedure employed. It appeared that the 'logic' feature that aimed to guide participants efficiently through the survey was implicated in some reported incidences of participants becoming "stuck" at a particular point in the questionnaire. Having liaised with the survey provider and made minor 'back end' alterations to the 'logic', the issue was resolved. It was unclear whether the issue was due to the problems with the survey provider, survey design, the computer network environments of some of the participants or a combination of these factors. However, this issue did result in some data loss as some participants had been unable to complete the survey. Future studies employing this methodology might consider a piloting procedure that tests the survey in a range of computer network environments.

In consideration of the above, it is recognised that there are limitations in the scale of the study and in the methodology employed, so the study must be considered as exploratory. However, it is argued that the exploration of CIs in this study raises a number of important themes relevant to EPs' work in relation

to CIs. These themes have implications both for EP practice and for future research that may be carried out in the area.

5.2 Main findings

5.2.1 Comparison to previous EP professional journal literature

The opportunities for the comparison of the results of the current research to previous studies are limited as the role of the EP in CI response is a relatively under-researched area. The only previous large-scale survey of the response of EPs to CIs was undertaken by Houghton (1996). Therefore the PEP questionnaire data collected in the current study was compared with Houghton's results. Comparisons to other professional EP journal literature were made where relevant. This provided a useful overview of changes in context and practice over time.

The claim that the role of EPs in CI work is now "well established" (Hayes & Frederickson, 2008) was supported in the finding of the current research that all but one of the PEPs surveyed considered CI response an appropriate service for the EPS to provide. Responding to CIs would appear to be more common now than it was 15 years ago, with Houghton reporting only 59% of EPSs involved in CI response in 1996 compared to 100% in the current study. Comparison of the current survey results with those of Houghton also show an increase in frequency of response. Comparison revealed the majority of EPSs in Houghton's survey had responded to less than three incidents in the previous three years whereas most EPSs in the current study had responded to more than six incidents in the preceding three years. The reasons for this increased volume and frequency of response are unclear, but some possible reasons are explored later in this chapter.

Although direct comparison with Houghton's results is problematic, the results of the current survey appear to indicate that specific training in the area of CI response is now more common than it was, with only one PEP in the current study reporting that no extra training had been given to EPs. This may reflect the increasing numbers of EPSs that see such work as appropriate. It may also be a function of the unique nature of this work and the perceived inadequacy

of initial training. The results suggest that the existence of policy is also now far more widespread in EPSs, with all but one PEP reporting either having a complete policy or being in the process of drafting one compared to only 10% of EPSs in Houghton's study. This may be a function of the increase in the number of EPSs that see responding to CIs as an appropriate task for EPs. As more EPSs become involved in CI work there may be an increase in the perceived need for a policy to guide practice and detail procedures. Of further interest in relation to policy is the relationship of the EPS policy to that of wider disaster planning with the LA. Houghton hypothesised that this might be important in the provision of co-ordinated response involving other services. However, the current results reflect her findings that there is limited co-ordination of emergency planning and CI response from the EPS, although EPs have contributed in this area (Posada, 2006). This may reflect the comments about the construct of 'critical incident' in some questionnaire responses that suggest that it is an interim term between a 'sad event' and a major 'disaster'. As such, in the majority of cases this will not require the involvement of the wider emergency planning service within the LA. However, knowledge of wider emergency processes within the LA might be important in considering the boundaries of CI and disaster. This knowledge may also be useful in the identification of other resources and services within the LA that may be called upon by the EPS if needed when responding to CIs. This relationship may need to be reconsidered if the EPS sits outside or at 'arms-length' to the LA.

In considering EP practice, the types of incidents described in Houghton's study are largely congruent with those described by participants in the current research. The results of the survey indicate that those initiating the response continue to be mostly schools making direct referrals to the EPS. Rapidity of response is seen as even more important now than it was fifteen years ago. Although this was recognised by Houghton, response now seems to be even more rapid with the overwhelming majority of services responding to requests within 24 hours. Supporting the school system and providing individual support for pupils is implied in Houghton's description of the "overwhelming message" about the types of interventions described in her study. She describes the two aspects of "advising, supporting and generally 'enabling' the school staff to cope

and manage the incident and / or offering counselling.” This description remains largely congruent with the practice described in this study, although there was a greater emphasis on the ‘enabling’ work in the current questionnaire and interview data. The use of debriefing now appears to be more common, with approximately 50% of the EPSs surveyed indicating that this was part of the response to CIs compared to 7% in Houghton’s study. This may reflect the descriptions of its use in the EP practitioner journal literature as well as the training that has been offered to EPs in CI response. Direct comparison with Houghton’s data regarding which other professionals were involved in responding to CIs was problematic, beyond the general. However, it was clear that contacting a number of other agencies, including social care and health professionals, was part of the response in Houghton’s study. This interagency working was also a feature of practice described in the current research. This aspect of EP response is also reflected in the wider EP practitioner journal literature (e.g. McCaffrey, 2004).

The need for supervision for EPs responding to CIs has been widely documented in EP practitioner journal literature (e.g. Hayes & Frederickson, 2008; Bolnik & Brock, 2005). In reviewing questionnaire results in the current study, supervision appears to be more common in relation to CI work than it was 15 years ago. However, issues relating to supervision were raised in interview data. For example, whether additional supervision has to be requested or is provided as a matter of course was seen by some EPs as particularly salient. Houghton’s focus did not include the ways in which EP work is evaluated. However, a review of other EP practitioner journal literature suggests that the main way that evaluations take place is through informal evaluations with school staff. This was largely confirmed in the PEP survey data although, perhaps surprisingly, the majority of EPs surveyed did not know how work in relation to CIs was evaluated.

In conclusion, it appears that CI response is now an established part of EP practice. The way that CIs are defined and the sorts of incidents to which EPs respond have remained relatively consistent over time. Training and policy at EPS level appears to be much more common than it was 15 years ago. Practice

seems to have changed less during this time. The general principles identified by Houghton of enabling school staff and / or offering counselling seem to still be largely congruent with current practice described, although there appears to now be more emphasis on the enabling the school as a system. Liaison with other agencies continues to be a feature of the work of EPs. There seems to be greater recognition of the need for supervision in literature and in practice, but most EPs do not appear to feel that current arrangements are entirely adequate. Evaluation of CI work by EPs, when it takes place at all, appears to still be largely reliant on informal consultation with school staff, with few services formally evaluating their work in relation to CIs.

5.2.2 Defining a ‘critical incident’

One of the major outcomes of the study was the working definition, and it has proved robust throughout the research. On reflection, the definition falls into two main parts.

Part 1: “A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community.”

This above describes the disruptive impact of the event on the ***school as a system***, evoking Caplan’s (1964) crisis theory model but at a more systemic level.

Part 2: “A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community.”

This part of the definition reflects the impact on **individuals**. This element bears a striking resemblance to PTSD criteria as described in various versions of DSM III (APA, 1980) and DSM III-R (APA, 1987). It will be recalled that current DSM-IV criteria changed the description of the triggering event to involve a “threat to the physical integrity of self or others”. The question arises as to whether the definition of a CI should be updated to reflect this. In referring back to the

typology it was noted that many, but not all, of the events might involve a threat to physical integrity. For example, criminal damage to school property might constitute a CI. It was decided that the description of the impact of the event better matched the typology and was therefore retained.

It can be seen in definition that a CI impacts at both a systems and an individual level. The distinction between these two parts may have important implications for practice. For example, it may affect the aims of the intervention as well as the psychological models and theories used to guide practice. The use of an agreed definition of 'critical incident' as it applies to EP practice has a number of benefits. Firstly, it provides clarity between EPSs about what constitutes a CI. This is useful not only for EPs but for school staff and other agencies who may be involved in CI response. Secondly, an agreed definition may help to clarify the aims of EP work in response to CIs which, in turn, may facilitate more effective evaluation. Finally, in research it ensures that a uniform construct is being investigated. This allows for direct comparison of data between and within EPSs as well as over time.

5.2.3 Exploring the current context of CI response

Describing the ways in which EPSs currently respond to CIs across a diverse range of geographic and demographic contexts, including how this has changed over time, is another important aspect of the current study. Although the extent to which this picture is generalisable is limited by the methodology, important themes are raised. This description was mainly informed by the questionnaire to PEPs. One of the functions of the current research was to facilitate some comparison with the situation described by Houghton (1996). In addition it was also hoped to provide descriptions of other areas related to CI response.

Comparison between the current findings and Houghton's has previously been offered (see Section 5.2.1). As well as data that allowed for broad comparison with that of Houghton, additional information about current practice was also gathered as part of the PEP survey. This was in the areas of training, policy, interventions, supervision and evaluation. Discussion of these areas is illuminated by data collected during other parts of the research to provide an overview.

Whilst acknowledging the possibility of potential bias, it seems that almost all PEPs see CI response as an appropriate task for EPs. This perhaps reflects the fact that CI response has become an established part of EP practice. The wide variation reported in the number of incidents responded to in the last three years (1 to 75) was of interest. These results may reflect the size and needs of different areas. They may also reflect different definitions. Although definitions provided in policy had some themes in common, they were not uniform as emphasis was placed on different elements. It may also be that these definitions are applied differently in practice. For example, there is a degree of subjectivity involved in deciding whether an event is “serious and significant” or “distressing”. It was also shown that EPs now respond more frequently to CIs than in 1996. This could be because:

- CI response has become an established part of the service the EPS offers;
- schools have a greater knowledge of the potential role of EPs in critical response and are more likely to request support;
- there is a greater awareness of the importance of emotional well-being and its impact on learning;
- CIs in school communities are more common;
- a combination of these factors.

Specific training in CI response would now appear very common, being almost universally reported as having been offered in their EPS by PEPs. This may reflect a perceived need for specialist training in this area. It may also be partly a function of the perceived inadequacy of initial training. The fact that half of the PEPs thought that EPs in their service were only qualified to some extent was of interest. However, additional comments suggested that EPs within the EPS may have different levels of training. For example, some services have a CI team who respond to CIs and receive additional training as part of this. Therefore, those within the team may have received adequate training, but those outside it may not.

The results suggest that the vast majority of EPSs have a CI policy, although it is recognised that the sample may reflect a bias towards those services that do respond to CIs. As discussed earlier, this shows significant change over time since 1996. This may reflect the fact that CI work has become an established part of EP practice, although many areas of EP work are not the subject of policies. The unusual, infrequent and potentially stressful nature of the work, possibly involving a range of agencies, may influence the need for procedures to be documented as part of policy. The existence of policy may also have been influenced by the seminal 'Wise before the Event' (Yule & Gold, 1993), which stresses the importance of a planned response. EP practitioner journal literature also makes frequent mention of policy. Almost all used the construct 'critical incident' and policies generally included a definition. The perceived importance of the experience of EPs in responding to CIs is reflected in the fact that many policies are based at least in part on the prior experience of EPs. Systems theories, CISD and PTSD are also relevant. The level of joint development between the EPS CI policy and wider disaster planning in the LA was limited.

It was interesting to note that schools mostly requested support directly from the EPS. This lends support to the notion that there may be a continuum of seriousness of incident, with a CI not requiring the involvement of emergency planning departments of LAs. PEP questionnaire data indicated that the EP for the school and the PEP would play some part in the response. Prior knowledge of school systems might be a reason for the widely reported involvement of the EP for the school. The experience of PEPs, already identified as an important factor, might be reflected in the involvement of the PEP. It is also likely that the PEP will have the authority to make decisions about the human and financial resources required for the response. That response was usually rapid, within 24 hours, demonstrated the importance placed on providing immediate supporting schools in crisis.

Most EPSs had formal plans for supervision for those carrying out work in CI response. This suggests that the need for supervision in this area of work is recognised, which demonstrates significant development from the situation that Houghton described. Supervisory arrangements were generally seen as

adequate by PEPs, but this was not always the view of EPs, with just over a quarter of EP participants considering them to be entirely adequate. Co-working was the most frequently reported form of supervision, although most services did offer additional supervision to the normal supervisory arrangements.

Evaluation of the work of EPs in response to CIs was seen as a sensitive topic. This reflected the distressing nature of the event and the potential insensitivity of asking school staff to complete a formal evaluation of the work. The most popular way of evaluating the work was through informal consultation with school staff. It was widely reported in the current study that schools valued highly the work that EPs carried out in response to CIs and this is echoed in EP practitioner journal literature. It is perhaps more surprising that self-evaluation by EPs was not more widely reported. This may reflect the fact that the work is unpredictable and unplanned, with EPs quickly returning to other areas of work as soon as possible after a CI response leaving little time for reflection. Opportunities for such reflection may also be limited by the adequacy of supervisory arrangements.

5.2.4 Exploring EP practice within a single- and double-loop learning model

In the literature review it was described how research in the area of disaster response had developed considerably over the past 15 years. Perhaps one of the more notable developments has been the recognition of both positive and negative sequelae of traumatic events. This has led to the development of PTG literature that complements other research areas, such as PTSD, that explores the potential negative psychological consequences of exposure to traumatic events. It is perhaps surprising that these developments have not been reflected in the EP professional journal literature. In considering why EP journal literature and practice has not kept pace with wider developments in disaster literature, a single- and double-loop learning model (Argyris, 1990) as represented below was considered useful.

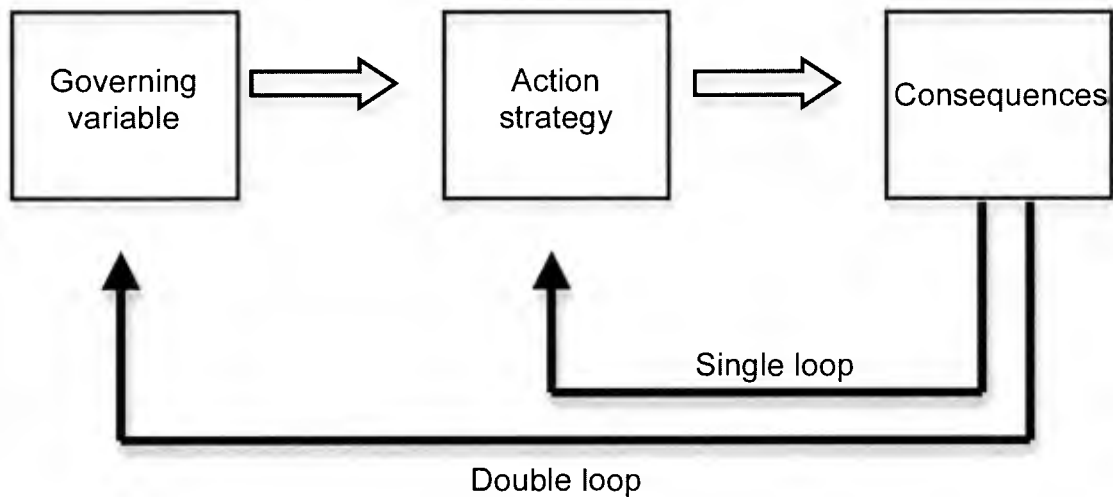


Figure 5.3.4: Single- and double-loop learning adapted from Argyris, 1990

The diagram above represents a model of how learning may occur as people implement plans of action intended to achieve certain goals, known as single- and double-loop learning (Argyris, 1990). In this case the governing variable may be considered as the psychological models or theories on which EPs draw. The action strategy represents how this theory translates into practice. Reflecting on the consequences provides feedback on how successful the action strategy has been in achieving goals. This can lead to a change in the action strategy without a re-evaluation of the governing variable (single-loop learning). Alternatively, double-loop learning leads to a re-assessment of the governing variable leading to an adapted action strategy. For a number of reasons it is proposed that EP literature and practice relating to CIs has existed within a single loop.

Firstly, exploration of the construct 'critical incident' in the current study indicated that various definitions of a critical incident are used. In some cases no definition is offered beyond the description of potential events that may be considered CIs. With definitions being various and vague, the aims of the intervention may also be similarly multiple and ill-defined. Secondly, in reviewing the EP professional literature and the results of the PEP survey, it was interesting to note that the experience of EPs in responding to CIs was

the most common factor underpinning policy and training. This may suggest that, whilst action strategies may be subject to frequent review, the theories underpinning these strategies may have received less reflective attention. Thirdly, it emerged from the PEP questionnaire that the most frequently employed method of measuring the outcome of EPs' work in relation to CIs, was through informal consultation with school staff. It is acknowledged that there may be issues of sensitivity and ethics around asking members of a school community to evaluate the interventions of EPs. However, within the single- and double-loop learning model, evaluation is an important part of ascertaining the effectiveness of an action strategy and governing variable. Even when the work of EPs is evaluated positively through such informal consultation, it is argued that this should not necessarily be interpreted as being confirmatory of practice (action strategy) or underpinning theory (governing variable). Where definitions are various and the aims of the intervention are vague, such confirmatory evaluation may be misleading and prohibit development of theory and practice. If, however, such evaluation is deemed largely confirmatory of the action strategy, this is unlikely to result in an in-depth re-evaluation of the underpinning theory. Far more likely are adaptations to the action strategy within a single loop of learning. An alternative method of evaluation may be through personal reflection in supervision. The results suggest that supervision is often through co-working with a colleague or available on request. These types of supervision arrangements may not be adequate to allow for reflection as part of the supervisory process that may inform practice at both a personal and / or service level.

Double-loop learning in relation to CI response could be facilitated in a number of ways. Firstly, an agreed definition of a CI within and between EPSs would allow for greater comparison of practice within and between services. Secondly, setting clear goals for the intervention may provide more opportunities for evaluation of work. Thirdly, developing sensitive methods of evaluating the work of EPs would facilitate a more meaningful evaluation of the effectiveness of the variables and strategies employed. Fourthly, the opportunity for supervision following the event would allow opportunities to reflect on processes and outcomes, adding to the evaluation. Finally, engagement with wider

developments in trauma literature would allow for informed discussions about potential alternative governing variables that may have the potential to enhance practice.

5.2.5 Exploring which other psychological models and theories guide the practice of EPs

Emerging from interview data and the literature, ways in which consultation, systems theories and PTG have been used and could be developed in practice are discussed.

From the results it emerged that consultation is often used in practice but may not often form part of policy or training. It has been noted that consultation is one of the fastest growing areas of practice amongst educational psychologists in the UK (Leadbetter, 2006) and a consultative approach is commended to EP practice (Farrell et al., 2006). There has been a surge of interest and a proliferation of articles in educational psychology on the subject (e.g. Dickinson, 2000; Gillies, 2000; Munro, 2000; Wagner, 2000; Dennis, 2004; Kennedy et al., 2008). Here we consider possible application in EP practice in relation to CIs. As consultation can mean a number of things to different people in a variety of contexts, defining consultation as it applies to the practice of EPs is an important step. Wagner (2000) claims that consultation in the EPS context can be described as below.

“[Consultation] aims to bring about difference at the level of the individual child, the group/class or the organisational / whole-school level. It involves a process in which concerns are raised, and a collaborative and recursive process is initiated that combines joint exploration, assessment, intervention and review.”
(Wagner, 2000, p.11)

This may be a useful definition for CI work for a number of reasons. Firstly, it recognises that change may be brought about at the level of the individual, group or whole-school level. As the working definition suggests, a CI might affect the school community at the individual and systemic level, and there may be groups who are particularly affected. Secondly, the “collaborative” nature of consultation emphasises the equality of the relationship between participants.

In CI response, it has been noted that the EP for the school is well placed to respond as he or she may have prior systems knowledge and be known in the school community. This contrasts with a CI 'expert' coming in to the school to 'fix' the problem. Thirdly, the process of "exploration, assessment, intervention and review" may usefully be adapted for work in response to CIs. One possible way in which this may work is described below.

The initial meeting with senior management could take the form of a consultation where the concerns of the school in relation to the CI are raised and explored. This could lead to an initial intervention plan. The aims of these interventions could also be used, through scaling techniques, to evaluate the impact of the work. The intervention plan would then be put into practice. Once complete, there could be a review meeting that sought to review progress against the aims identified. If necessary, new concerns could be explored and the cycle repeated. The time between the plan and review stages could be varied to suit the circumstances of the CI and the intervention plan, so interventions could last several days or a few hours. From a systems perspective this can be seen as a way of identifying and mobilising the resources needed.

Systems theories appeared frequently in the descriptions of practice. The use of systems theories in relation to CI work has been hinted at in the EP practitioner journal literature (e.g. Houghton, 1996) and its uses described in the wider literature (Klingman & Cohen, 2004). Their application to EP practice has not been extensively explored. Possible applications of General Systems Theory (GST) (Bertalanffy, 1968) and an eco-systemic approach (Bronfenbrenner, 1979) are explored here. GST postulates that open systems can exist in a state of dynamic equilibrium or homeostasis. A CI can be conceptualised as a threat to the dynamic equilibrium. Another key concept is that of entropy. If the system is not able to draw in the resources needed to maintain a dynamic equilibrium, entropy may ensue. When the CI threatens the dynamic equilibrium, the EP may constitute one resource who may also be able to draw in other resources required to arrest entropy and help to return the system to dynamic equilibrium. Negative entropy is also possible and may be linked to *organisational post-*

traumatic growth. An eco-systemic approach considers development as taking place within inter-related systems. This theoretical conception may be useful when considering the available systems that might be able to offer resources. For example, if there are health services that might be required, they can be identified and their involvement sought. An eco-systemic approach may also be useful in identifying resilience and risk factors for the system and individuals.

Post-traumatic growth has considerable potential to inform the work of EP's work in relation to CIs. There are temporal considerations in its application in that it may be deemed insensitive in the immediate aftermath of an event to attempt to foster growth. Its use is not seen as competing with other conceptualisations, and does not deny the negative sequelae of CIs. A number of applications are possible. Firstly, research in this area could play a part in preventative work in relation to CIs. There are several pre-existing factors that are known to contribute positively to PTG. It might be a legitimate aim of general EP work with the school to support the school in fostering these traits through work with individual children as well as systems work. Secondly, in response to CIs, EPs could use their knowledge of the process of PTG to inform practice. For example, through working with the school community over time the EP can help to shape the story that spans the time before and after the event. Providing support to the school as a system might also be seen as facilitating PTG as it is known that social support networks have an influence on PTG. Finally, there is some tentative evidence that PTG could be 'scaled up' to a systems level. Further research would be necessary, but there may be potential for school systems to experience *organisational post-traumatic growth* following CIs.

5.2.6 Future directions

It is recognised that the relationship of some EPSs to the LA has changed and this might become a more common theme in coming years. If EPSs exist at 'arm's length' or even outside the LA as, for example, social enterprises, some thought may need to be given about the implications of this for policy and practice. These will, to a large extent, depend on the nature of this relationship. Firstly, the policy might have to accommodate a range of referral routes for CI work, including from schools outside of LA control. Secondly, it will need to be

made explicit what the EPS is offering and how this may benefit the school community. This will have particular relevance as there may be other 'willing providers' of CI response services. The EPs position as an ideal professional to carry out the work has been widely documented in the EP practitioner literature and in the wider literature (e.g. Rowling, 2003). The EPs prior knowledge of the school and the continuous nature of the relationship are two important factors. Thirdly, the issue of who pays for the work will also need to be considered. This has been raised in informal consultation with EP colleagues in the course of the research. The question as to whether the LAs duty of care to local residents includes the provision of psychological support to schools and pupils following CIs will be relevant in deciding how this work is funded to schools outside of LA control. If the school is to bear the cost, careful consideration will need to be given to pricing and how this contractual arrangement is negotiated during what is likely to be a time of considerable stress for the school. Although beyond the scope of this study, it may also be relevant for schools, especially to those operating outside of LA control, to have a CI policy at the school level. Some schools currently have these plans but they may need to be reviewed in the light of a changing relationship with the LA. There may be a role for EPs in helping to develop these plans in consultation with schools.

It has been suggested that the role of the EP may change to include more therapeutic work with children and young people. Knowledge of the ways in which this can be useful in response to CIs will be needed and will need to be reflected in training. This may include training in trauma-focused CBT where there is a growing evidence base, leading to it being recommended in the NICE guidelines.

5.3 Future research

1). Research that seeks to assess the long-term systemic impact of CIs on school communities

This study suggests that CIs may impact on the school as a system. There is evidence from EP practitioner literature (e.g. Abdelnoor & Hollins, 2004), and wider literature (e.g. Dyregrov, 2004) that exposure to trauma can affect school performance. PTSD literature (e.g. Bolton et al., 2000) also indicates that there may be long-term mental health implications for multiple individuals within the system. Exploring how these may impact at a systemic level may be of interest. An alternative approach might be to explore school systems that have remained resilient or even experienced dimensions of organisational PTG following a CI. Either of these approaches might provide further information that would inform a model of providing EP support to schools with the potential to positively impact on school systemic functioning following a CI.

2). Research that considers the application of consultation and PTG in EP practice

Having identified these theories as potentially useful in guiding EP practice, research that seeks to explore and evaluate their application may be useful. Exploration of consultation may contribute to the development of a consultative model of CI response that addresses the concerns of the school system. Investigation of the application of PTG as a theoretical model has the potential to inform new practice that takes account of the positive as well as negative sequelae of traumatic events.

3). Further research that employs qualitative methods

It is recognised that the current research contains a limited breadth of views from a small number of EPSs. However, the qualitative methodology was seen as useful in exploring EPs practice and theories-in-use, and could be applied to achieve a wider and more comprehensive range of views.

4). How to evaluate work

It was clear from the current research that evaluation is largely undertaken through informal consultation with staff. Future research could usefully explore how both the outcomes and process of EP work in relation to CIs could be evaluated. This would potentially provide a model of evaluation to ensure the most effective application of psychology in CI response. In addition this may provide opportunities for double-loop learning as explored above to ensure that practice continues to evolve.

5). What constitutes effective supervision

The need for effective supervision has been raised in the EP practitioner journal literature and also in the current study. Further research into what might constitute effective supervision in relation to CI work would be of value. This information would be of direct relevance to training and practice and should be incorporated into policy documents. This may also provide opportunities for reflection leading to double-loop learning at both an individual and service level.

5.4 Implications for practice

5.4.1 General implications

- An agreed definition of a 'critical incident' as it applies to the work of EPs would have many benefits in both practice and research. This research has offered a definition that is both drawn from and based on the best evidence available from the literature and policy documents, and has appeared to be 'fit for purpose' in the current research context.
- In considering the aims of work in response to CIs, EPs might consider both the immediate negative and longer-term positive sequelae to traumatic events
- Drawing on systems theories, a greater focus and consideration might be given to the impact of a CI on the school as a system, and the implications of this for EP work both on the immediate and longer term.

5.4.2 Training

5.4.2.1 Implications specific to initial EP professional training

- Specific training in CI response should form part of initial training courses if it does not do so already.
- Specific training might explore relevant psychological models and theories, exploring how these are applied in the practice of educational psychology. A problem-based learning approach was noted by EPS in practice as a way to achieve this effectively.

5.4.2.2 In-service training for EPs

- In considering the possible impact of exposure to a CI, a broad view of models and theories that may be relevant will help to provide a balanced consideration of the issues. As well as loss / bereavement and PTSD, approaches from positive psychology such as resilience and PTG might also be explored. The employment of a single- and double-loop learning framework may also be useful in exploring the links between theory and practice.
- Given the perceived importance of systemic theory emerging from the data of the current study, relevant systemic issues could be explored in training. These could include the systemic impact of CIs as well as how knowledge of wider systems can be used to provide additional support for schools and the school community following a CI.
- As part of specific CI training and / or as part of initial training more generally, aspects of theory and practice used more generally in educational psychology that may be relevant to CI work might be identified. These include consultation; attachment and loss; psychodynamic theory; and systems theories. The ways in which resilience and PTG could be used at an individual and systemic level could also be explored.

5.4.3 Policy

This research suggests that an adequate CI policy should include the following elements:

1. A definition of a 'critical incident'.
 2. A statement of the overarching aim(s) of the work of the EPS in CI work.
 3. Links to those other aspects of EP practice and work with school communities that might contribute to increased resilience within school systems prior to, as well as following, a CI occurring.
 4. Logistical detail of how a request for involvement is received. There may be more than one referral route to suit various school contexts and depending on the nature / scale of the incident.
 5. Which EPs will normally respond to the request.
 6. What preparatory work should be undertaken in the time between receipt of the request for involvement and work in the school.
 7. The psychological models and theories that might be relevant.
 8. Details of the interventions and the evidence base for those interventions.
 9. Details of the supervision that should be offered to EPs before, during and after the work.
 10. Details of how the work will be evaluated.
- Policy might include information on the relationships with, and roles of organisations and professionals within wider systems that might also form part of a CI response. This will inevitably be context specific to reflect the unique circumstances of each EPS, and the nature of the CI.

- Regular reviews of this aspect of policy will be required to ensure that it accurately reflects changes in systems.
- Policy should include a degree of flexibility to allow for the application of a range of psychological models, theories and interventions with the caveat that these should take account of the current evidence base.
- Policy may include details of how services are provided to schools outside of LA control. This could include elements including costing and a service level agreement.
- EPSs existing at 'arms length' to or outside of LAs might reconsider aspects of policy in the light of their unique relationship with the LA and schools.
- Policy should be subject to frequent periodic review to ensure that the information contained therein reflects the current evidence base. The review may also usefully aim to take account of changes in systems and personnel both within and outside the LA.

5.4.4 Interventions and practice

- If EPs use debriefing as part of their intervention, it is recommended that one-off individual debriefing sessions that have the aim of preventing PTSD symptoms are not conducted with those over the age of 16, consistent with NICE guidelines (2005).
- The current evidence on the effectiveness of group debriefing and debriefing with children (under 16s) is not sufficient to make recommendations. Practice in these areas should be informed by regular review of the relevant evidence base.
- It is recognised that a wide range of interventions are used in response to CIs. Interventions should consider the systemic impact of CIs and how wider systems can be used to draw in resources to support the school system

- The range of services involved in CI response will vary according to the context of the EPS and the surrounding systems. Close ongoing liaison between relevant agencies will be important in ensuring a co-ordinated response.

5.4.5 Supervision

- Relevant statutory and professional bodies might usefully explore whether supervision in CI work may form part of professional guidance for those EPs responding to CIs.
- The employment of two (or more) psychologists in responding to a CI is seen as appropriate practice as it provides opportunities for informal peer supervision and support throughout the intervention.
- Supervision over and above the usual supervisory arrangements already in place for EPs should be offered as a matter of course, and not just on request. This additional supervision should be offered routinely before, during and after the intervention.
- Espoused theory / theory in use might form a useful framework for some elements of the supervision. Discussion of the practice employed may allow the exploration of theory in use. Evaluation of the work may give a picture of how successfully the aims had been achieved. Exploration of the difference between espoused theory and theory in use may allow for changes in policy to be explored and / or adaptation of theory in use to guide future practice.
- Supervision should aim to fulfil four major functions. Firstly, it should act as a professional support and help the EPs involved process their affective reactions to the incident. Secondly, it should aim to have a professional development aspect as EPs reflect on what worked well and how aspects of practice might have been different. This may facilitate a double loop of learning. Thirdly, it should have a wider EPS development aspect as reflections on practice are fed back to other EPs. These may

also inform service policies and guidelines where appropriate. Finally, supervision and advice provided before and during the work may help to guide practice in relation to the particular event.

- Supervisory arrangements in relation to CI response within each EPS should be made explicit within relevant policies.
- Supervision in the context of CI work may require an element of “specialist / therapeutic competence” (Dunsmuir & Leadbetter, 2010; p. 8). If this is not available from within the EPS it may be necessary to find an external provider.

5.4.6 Evaluating the work of EPs in responding to CIs

- Attempts to evaluate the work of EPs should be carried out in an ethical and sensitive manner that takes account of the distress that members of the school community often feel following CIs in school communities
- Evaluation of EP work in relation to CIs should aim to explore aspects of both outcomes and process.
- One possible way of evaluating outcomes is as follows.
 - In an initial consultation meeting initial objectives could be agreed with the senior management of the school. These may guide the intervention aims and plan.
 - Once operationalised, a review of these aims, possibly using scaling techniques may provide unobtrusive and informative evaluation of the extent to which the objectives have been met.
 - Conversations around this may lead to further goal setting and a repeat of the process described.

- The time between plan and review cycles could be varied to meet the needs of the situation. The long-term impact of CIs on individuals and school systems is an area that has not previously been widely evaluated. There is some evidence to suggest that CIs may have long-term effects on schools. Follow up evaluations that seek to explore long-term impact may be of use. This may include a variety of data including questionnaires to staff, interviews with members of the school community as well as 'harder' data such as exam results, attendance etc.

5.4.7 Future issues

One of the major challenges facing EPSs may be the changing relationships of schools with services, as more, especially secondary schools, move to academy and free school status. If it is judged by the LA that schools will have to pay for CI response service this raises a number of ethical and practical issues. One potential way of militating against this may be for schools to take out some form of insurance against this kind of event with the EPS or the LA to ensure that the necessary support will be available when needed.

5.5 Conclusion

In this study it was hypothesised that there may be models and theories underpinning practice that are not widely documented in the EP journal literature, CI policy and CI training. By examining practice it was hoped that these theories could be extrapolated. In EP practice in response to CIs, the systemic impact and potential positive outcomes emerged as important factors. In contrast, the EP professional literature, policy and training in relation to CIs appeared to be somewhat skewed towards the negative sequelae of CIs on individuals and groups. Exploration of the wider academic literature into response to traumatic events resulted in the identification of possible alternative theoretical frameworks for this practice. Consideration of these theories and models and their application to EP practice may help to provide more balanced and relevant theoretical bases for EP practice. There have been several other outcomes from the study.

- The study has yielded a definition that draws together the various elements of what makes incidents 'critical'. This has remained robust throughout the study. There are many perceived benefits in practice and research of having an agreed definition that frames the construct 'critical incident'.
- A wide range of literature has been reviewed in relation to critical incident response as well as wider trauma literature, providing new theories and models that may be relevant to EPs' response to CIs, and these have generally been supported by practitioners' interview accounts of their practice.
- Current evidence relating to debriefing, a major issue in EP and wider practice in relation to response to traumatic events, has been reviewed. The conclusion is that, with the exception that single-session debriefing for those over 16, the evidence is largely inconclusive in relation to group debriefing and debriefing with young people.
- The impact on systems has been recognised in EP professional literature but had a higher profile in the described practice of EPs. Theories and models that may be relevant have been explored. The systemic impact, including the long-term impact, of CIs might prove a valuable area for future research to explore.
- Results have been synthesised and EP practice in response to CIs has been considered within a single- and double-loop model. Ways in which a double-loop of learning in EP response to CIs could be established and maintained have been offered.
- Other model theories including consultation and PTG that may have implications for EP practice have emerged as EPs have reflected on their practice particularly through the semi-structured interviews. Further research into their application in EP practice will be needed but they represent new avenues for potential exploration.

It is hoped that these findings may contribute to future practice and research in the area. Employing a double-loop learning model may ensure that practice and theory continue to develop. It is hoped that such developments may help to ensure outcomes in school communities that maximise the likelihood following a CI, of the rapid return to a stable and well functioning school and the development over time of a more resilient system, as well as positive mental health and good adjustment for individuals.

References

- Abdelnoor, A., & Hollins, S. (2004). The effect of childhood bereavement on secondary school performance. *Educational Psychology in Practice*, 20(1), 43-54.
- Aldwin, C. M. (1994). *Stress, coping, and development: An integrative perspective*. New York: Guilford.
- Almedom, A. M. (2005). Resilience, Hardiness, Sense of Coherence, and Posttraumatic Growth: All Paths Leading to "Light at the End of the Tunnel"? *Journal of Loss and Trauma*, 10(3), 253-266.
- APA (1980). *Diagnostic and statistical manual of mental disorders: DSM-III*. Washington, D.C: American Psychiatric Association.
- APA (1987). *Diagnostic and statistical manual of mental disorders: DSM-III-R*. Washington, DC: American Psychiatric Association.
- APA (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC: American Psychiatric Association.
- APA (2010) *G 05 Posttraumatic Stress Disorder*. Retrieved 10th April, 2011 from <http://www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=165#>
- Argyris, C., & Schön, D. (1974.) *Theory in practice: Increasing professional effectiveness*. Oxford: Jossey Bass.

Argyris, C., & Schön, D. (1978) *Organisational learning: A theory of action perspective*. Reading, Mass: Addison Wesley.

Argyris, C. (1980). *Inner contradictions of rigorous research*.
New York: Academic Press.

Argyris, C. (1990). *Overcoming organizational defenses: Facilitating organizational learning*. Boston: Allyn and Bacon.

Berger, R., & Weiss, T. (2009). The posttraumatic growth model: An expansion to the family system. *Traumatology*, 15(1), 63-74.

Bertalanffy, L. V. (1968). *General system theory*. New York: Braziller.

Bolnik, L. & Brock, S. (2005). The self-reported effects of crisis intervention work on school psychologists. *The Californian School Psychologist*, 10, 117-124.

Bolton, D., O’Ryan, D., Udwin, O., Boyle, S., & Yule, W. (2000). The Long-term Psychological Effects of a Disaster Experienced in Adolescence: II: General Psychopathology. *Journal of Child Psychology and Psychiatry*, 41(4), 513-523.

Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., Nesse, R. M. (2002). Resilience to loss and chronic grief: a prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*, 83(5), 1150-64.

Bonanno, G. A. (2009). *The other side of sadness: What the new science of bereavement tells us about life after loss*. New York: Basic Books.

Bowlby, J. (1961). Processes of mourning. *The International Journal of Psycho-Analysis*, 42, 317-340.

Bowlby, J. (1980). *Attachment and loss*. New York: Basic Books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Brewer, J., & Hunter, A. (1989). *Multimethod research: A synthesis of styles*. Newbury Park, Calif: Sage.

British Psychological Society (2002). *Psychological debriefing: Professional practice board working party report*. Leicester: British Psychological Society.

British Psychological Society (2007). *Conducting research on the internet: guidelines for ethical practice in psychological research online*. [Electronic version]. Retrieved April 25, 2011, from [http://www.bps.org.uk/documentdownloadarea/documentdownload\\$.cfm?file_uuid=2B3429B3-1143-DFD0-7E5A-4BE3FDD763CC](http://www.bps.org.uk/documentdownloadarea/documentdownload$.cfm?file_uuid=2B3429B3-1143-DFD0-7E5A-4BE3FDD763CC)

Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge, Mass.: Harvard University.

Calhoun, L. G., & Tedeschi, R. G. (1998). Beyond Recovery From Trauma: Implications for Clinical Practice and Research. *Journal of Social Issues*, 54(2), 357-371.

Calhoun, L. G., & Tedeschi, R. G. (1999). *Facilitating posttraumatic growth: A clinician's guide*. Mahwah, N.J: Lawrence Erlbaum Associates.

Cameron, R. J., Gersch, I., M'Gadzah, H., & Moyse, S. (1995). Educational psychologists and post-trauma stress management. *Educational and Child Psychology*. 12(3), 5-21.

Capewell, E. (1994). 'Responding to children in trauma: A systems approach for schools.' *Bereavement Care*, 13(1), 2-7.

Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.

Carr, A. (2004). *Positive psychology: The science of happiness and human strengths*. Hove: Brunner-Routledge

Carroll, D., Frew, D., Fitcher, A., Ladkin, M., Morey, Y., Price, T., et al. (1997). 'The Educational Psychology Crisis Intervention Service'. *Educational Psychology in Practice*. 13(2), 112-114.

Cherryholmes, C. H. (1992). 'Notes on Pragmatism and Scientific Realism'. *Educational Researcher*, 21(6), 13-17.

- Clay, R., Knibbs, J., & Joseph, S. (2009). Measurement of Posttraumatic Growth in Young People: A Review. *Clinical Child Psychology and Psychiatry, 14*(3), 411-422.
- Cornish, U. (1995). Switchboard Operator or On-the-spot Helper? The EP's Task in the Face of Sudden Deaths in Schools. *Educational Psychology in Practice, 11*(2), 24-29.
- Creswell, J. W., & Plano, C. V. L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, Calif: Sage
- Cryder, C. H., Kilmer, R. P., Tedeschi, R. G., & Calhoun, L. G. (2006). An exploratory study of posttraumatic growth in children following a natural disaster. *The American Journal of Orthopsychiatry, 76*(1), 65-9.
- Dennis, R. (2004). So Far So Good? A Qualitative Case Study Exploring the Implementation of Consultation in Schools. *Educational Psychology in Practice, 20*, 17-30.
- DfEE (2000). *Educational Psychology Services (England): Current Role, Good Practice and Future Directions*. Nottingham: DfEE.
- Dickinson, D. (2000). Consultation: assuring the quality and outcomes. *Educational Psychology in Practice, 16*(1), 19-24.
- Dunsmuir, S. & Leadbetter, J. (2010). *Professional Supervision: Guidelines for Practice for Educational Psychologists*. Leicester: BPS.

Dyregrov, A. (1989). Caring for helpers in disaster situations: Psychological debriefing. *Disaster Management*, 2, 25-30.

Dyregrov, A. (1991). *Grief in children: A handbook for adults*. London: Jessica Kingsley.

Dyregrov, A. (1997). The Process in Psychological Debriefings. *Journal of Traumatic Stress*, 10(4), 589-605.

Dyregrov, A. (2004). Educational consequences of loss and trauma. *Educational and Child Psychology*, 21(3), 77-84.

Farrell, P. (2006). *A review of the functions and contributions of educational psychologists in England and Wales in light of "Every child matters: change for children"*. Nottingham: DfES.

Garnezy, N. & Rutter, M. (1985). Acute reactions to stress. In M. Rutter & L. Hersov (Eds.), *Child and adolescent psychiatry: Modern approaches* (2nd ed. pp. 152-176). Oxford: Blackwell.

Gillies, E. (2000). Developing Consultation Partnerships. *Educational Psychology in Practice*, 16(1), 31-37.

Greene, J. C., Kreider, H., & Mayer, E. (2004). 'Combining qualitative and quantitative methods in social inquiry'. In Somekh, B., & Lewin, C. (2005). *Research methods in the social sciences*. London: Sage.

- Greenway, C. (2005). Trauma in Schools-Understanding Staff Reactions Through The Application Of Psychoanalytic Concepts And Systemic Metaphors. *Educational Psychology in Practice*, 21(3), 235-243.
- Grotberg, E. (1997) The international resilience project. In M. John (ed.) *A Charge against Society: The Child's Right to Protection*. London: Jessica Kingsley.
- Gunderson, L. H. (2000). Ecological resilience in theory and application. *Annual Review of Ecology and Systematics*, 31, 425-439.
- Hayes, B., & Frederickson, N. (2008). Providing Psychological Intervention Following Traumatic Events: Understanding and Managing Psychologists' Own Stress Reactions. *Educational Psychology in Practice*, 24(2), 91-104.
- Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology*, 74(5), 797-816.
- HM Government (2004). *Civil Contingencies Act 2004: Chapter 36*. London: Stationery Office.
- Hewson, C., Yule, P., Laurent, D. and Vogel, C. (2003). *Internet research methods: a practical guide for the social and behavioural sciences*. London: Sage.

- Ho, S. M., Chan, C. L., & Ho, R. T. (2004). Posttraumatic growth in Chinese cancer survivors. *Psycho-oncology*, 13(6), 377-89.
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., Friedman, M., Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry*, 70(4), 283-315.
- Houghton, K. (1996). Critical incidents involving schoolchildren research update: The response from school psychological services. *Educational and Child Psychology*, 13(3), 59-75.
- Howe, K. R. (1988). Against the Quantitative-Qualitative Incompatibility Thesis or Dogmas Die Hard. *Educational Researcher*, 17(8), 10-16.
- Joseph, S. (2009). Growth following adversity: Positive psychological perspectives on posttraumatic stress. *Psychological Topics*, 18(2), 335-344.
- Joseph, S., & Linley, P. A. (2006). 'Growth following adversity: theoretical perspectives and implications for clinical practice.' *Clinical Psychology Review*, 26(8), 1041-53.
- Joseph, S., & Linley, P. A. (2008). *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress*. Hoboken, N.J: John Wiley.

- Kennedy, E. K., Frederickson, N., & Monsen, J. (2008). Do educational psychologists “walk the talk” when consulting? *Educational Psychology in Practice*, 24(3), 169-187.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-60.
- Kilmer, R. P. (2006). Expert companions: Posttraumatic growth in clinical practice. In Calhoun, L. G., & Tedeschi, R. G. (2006). *Handbook of posttraumatic growth: Research and practice*. Mahwah, N.J: Lawrence Erlbaum Associates.
- Kingman, A. (1993). ‘School-based intervention following a disaster.’ In Roberts, M. C. (Ed.) *Children and disasters*. New York: Plenum.
- Klingman, A., & Cohen, E. (2004). *School-based multisystemic interventions for mass trauma*. New York: Kluwer Academic/Plenum.
- Kübler-Ross, E. (1969). *On death and dying*. New York: Macmillan.
- Leadbetter, J. (2006). Investigating and Conceptualising the Notion of Consultation to Facilitate Multi-agency Work. *Educational Psychology in Practice*, 22(1), 19-31.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *The American Journal of Psychiatry*, 101, 141-148.

- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: a review. *Journal of Traumatic Stress*, 17(1), 11-21.
- Linley, P. A., & Joseph, S. (2005). The human capacity for growth through adversity. *The American Psychologist*, 60(3), 262-4.
- Lloyd Bennett, P., & Dyehouse, C. (2005). Responding to the death of a pupil - reflections on one school's experience. *British Journal of Special Education*, 32(1), 21-28.
- McCaffrey, T. (2004). Responding to crises in schools: A consultancy model for supporting schools in crisis. *Educational and Child Psychology*, 21 (3), 109-121.
- McMillen, J. C., (2004). Posttraumatic growth: What's it all about? *Psychological enquiry*, 15, 48-52.
- McNally, R. J. (2005). *Remembering trauma*. Cambridge, Mass: Harvard University Press.
- Maercker, A & Langner, R. (2001). Posttraumatic personal growth: Validation of German versions of two questionnaires. *Diagnostica*, 47, 153-162.
- Mallon, F., & Best, C. (1995). Trauma in School: A Psychological Service Response. *Educational Psychology in Practice*, 10(4), 231-237.

Marshall, S. L. A. (1944). *Island victory: The battle for Kwajalein*. New York: Penguin.

Masten, A. S. (2001). Ordinary magic. Resilience processes in development. *The American Psychologist*, 56(3), 227-38.

Masten, A. S., & Obradovic, J. (2008). 'Disaster preparation and recovery: Lessons from research on resilience in human development.' *Ecology and Society*, 13(1), 9.

Masten, A. S., & Reed, M. G. (2002). Resilience in development. In S. R. Snyder & S. J. Lopez (Eds.), *The handbook of positive psychology*. Oxford, England: Oxford University Press.

Milam, J. E., Ritt-Olson, A., & Unger, J. B. (2004). 'Posttraumatic Growth among Adolescents.' *Journal of Adolescent Research*, 19(2), 192-204.

Mitchell, J. T. (1983). When disaster strikes ... the critical incident stress debriefing process. *Journal of the Emergency Medical Services*, 8, 38-43.

Mitchell, J. T. (1986). *Teaming up against critical incident stress*. Chief Fire Executive.

Mitchell, J. T. (2003). *Crisis intervention and CISM: A research summary*. Retrieved February 17th, 2011, from <http://www.cism.cap.gov/files/articles/CISM%20Research%20Summary.pdf>

- Morgan, L. Scourfield, J., Williams, D., Jasper, A., & Lewis, G. (2003). The Aberfan disaster: A thirty-three-year follow-up of the survivors. *British Journal of Psychiatry*, 182, 532–536
- Munro, E. (2000). 'Angles on Developing Consultation: first steps to making consultation our own.' *Educational Psychology in Practice*, 16(1), 53-58.
- Neimeyer, R. A. (2000). *Meaning reconstruction & the experience of loss*. Washington, DC: APA.
- NICE (2005). *Post-traumatic stress disorder: The management of PTSD in adults and children in primary and secondary care*. London: Gaskell / BPS.
- Nugent, M. (1999). Child Sexual Abuse - An Unacknowledged Special Need? *Educational Psychology in Practice*, 15(1), 33-39.
- O'Hara, D. M., Taylor, R., & Simpson, K. (1994). Critical Incident Stress Debriefing: Bereavement Support in Schools - Developing a Role for an LEA Educational Psychology Service. *Educational Psychology in Practice*, 10(1), 27-34.
- O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: an opportunity for a paradigm shift in women's health. *Women's Health*, 1(2), 121-42.

- Parkes, C. M. (1972). *Bereavement: Studies of grief in adult life*. London: Tavistock.
- Parkes, C. M., & Weiss, R. S. (1983). *Recovery from bereavement*. New York: Basic Books.
- Pederson, E. L., & Vogel, D. L. (2007). Culture, Ethnicity, and Gender - Male Gender Role Conflict and Willingness to Seek Counseling: Testing a Mediation Model on College-Aged Men. *Journal of Counseling Psychology, 54*(4), 373-384.
- Perrin, S., Smith, P., & Yule, W. (2000). Practitioner Review: The Assessment and Treatment of Post-traumatic Stress Disorder in Children and Adolescents. *Journal of Child Psychology and Psychiatry, 41*(3), 277-289.
- Polatinsky, S., & Esprey, Y. (2000). An Assessment of Gender Differences in the Perception of Benefit Resulting from the Loss of a Child. *Journal of Traumatic Stress, 13*(4), 709-718.
- Posada, S. E. (2006). Applying Psychology in Local Authority Emergency Planning Processes. *Educational Psychology in Practice, 22*(3), 199-213.
- Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: a study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology, 59*(1), 71-83.

Randall, P. & Parker, J. (1997). Post-Traumatic Stress Disorder and Children of School Age. *Educational Psychology in Practice*, 13(3), 197-203.

Raphael, B. (1986). *When disaster strikes: A handbook for the caring professions*. London: Hutchinson.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner-researchers*. Oxford, UK: Blackwell.

Roffey, S. (2008). Emotional literacy and the ecology of school wellbeing. *Educational and Child Psychology*, 25(2), 29-39.

Rolf, J. E., Garmezy, N., Cicchetti, D., Neuchterlein, K. & Weintraub (1990). *Risk and protective factors in the development of psychopathology*. Cambridge: Cambridge University Press.

Rose, S., Bisson, J., Churchill, R., & Wessely, S. (2002). *Psychological debriefing for preventing post traumatic stress disorder (PTSD)*. Cochrane Database of Systematic Reviews (online).

Rowling, L. (2003). *Grief in school communities: Effective support strategies*. Buckingham: OUP.

Rutter, M. (1999). Resilience concepts and findings: implications for family therapy. *Journal of Family Therapy*, 21(2), 119.

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.

Stallard, P., & Law, F. (1993). Screening and psychological debriefing of adolescent survivors of life-threatening events. *The British Journal of Psychiatry : the Journal of Mental Science*, 163, 660-665.

Stallard, P., & Salter, E. (2003). Psychological Debriefing with Children and Young People Following Traumatic Events. *Clinical Child Psychology and Psychiatry*, 8(4), 445-457.

Taku, K., Calhoun, L., Tedeschi, R., Gil-Rivas, V., Kilmer, R., & Cann, A. (2007). Examining posttraumatic growth among Japanese university students. *Anxiety, Stress & Coping*, 20(4), 353-367.

Tashakkori, A., & Teddlie, C. (2003). *Handbook of mixed methods in social & behavioral research*. Calif: Sage.

Teddlie, C., & Tashakkori, A. (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. London: Sage.

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Calif: Sage.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry*, 15(1), 1-18.

- Trickey, D. (2009). *Notes from training given in X Local Authority*.
- Vila, G., Porche, L. M., & Mouren-Simeoni, M. C. (1999). An 18-month longitudinal study of posttraumatic disorders in children who were taken hostage in their school. *Psychosomatic Medicine*, 61(6), 746-754.
- Vishnevsky, T., Cann, A., Calhoun, L. G., Tedeschi, R. G., & Demakis, G. J. (2010). Gender differences in self-reported posttraumatic growth: A meta-analysis. *Psychology of Women Quarterly*, 34(1), 110-120.
- Wagner, P. (1995). A consultation approach to the educational psychologist's work with schools. *Educational and child psychology*, 12(3), 22.
- Wagner, P. (2000). Consultation: developing a comprehensive approach to service delivery. *Educational Psychology in Practice*, 16(1), 9-18.
- Weiss, T., & Berger, R. (2006). Reliability and Validity of a Spanish Version of the Posttraumatic Growth Inventory. *Research on Social Work Practice*, 16(2), 191-199.
- WHO (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.

Yehuda, R., & McFarlane, A. C. (1995). Conflict between current knowledge about posttraumatic stress disorder and its original conceptual basis. *The American Journal of Psychiatry*, 152(12), 1705-13.

Yule, W. (1992). Post-traumatic stress disorder in child survivors of shipping disasters: the sinking of the 'Jupiter'. *Psychotherapy and Psychosomatics*, 57(4), 200-205.

Yule, W. & Gold, A. (1993). *Wise before the event: Coping with crises in schools*. London: Calouste Gulbenkian Foundation.

Yule, W., Bolton, D., Udwin, O., Boyle, S., O'Ryan, D., & Nurrish, J. (2000). The long-term psychological effects of a disaster experienced in adolescence - I: The incidence and course of PTSD. *Journal of Child Psychology and Psychiatry*, 4, 503-511.

Appendix 1 –

A pilot study to derive a working definition
from policy and professional literature

Appendix 1 – A pilot study to derive a working definition from policy and professional literature

1. Terms used in policy literature

An initial exploration was carried out using six sample Educational Psychology Service (EPS) policies representing a range of local authority (LA) contexts. Three aspects were considered. Firstly, the term (or terms) used to describe a critical incident (CI) or similar was noted, and secondly, the definition of a CI as stated in the policy was examined. These are shown for each EPS policy in Table 1. Thirdly, any examples of CIs explicitly mentioned in the policy were noted. A distinction was made between examples of actual incidents to which the EPS had responded, and examples given of hypothetical situations to which the EPS would respond under the policy. Examples of such incidents often constituted part of the definition offered, and in one case examples were given by way of definition. Where this was the case, the incidents used to illustrate CIs appear as both part of the definition and as examples given.

EPS Policy	Main Term used	Other terms used
Policy 1	'critical incident'	'crisis'
Policy 2	'crisis'	'crisis event'; 'critical event'; 'critical incident'; 'traumatic event'
Policy 3	'crisis'	'critical incident'; 'traumatic event'; 'disastrous event'; 'crisis situation'; 'emergency situation'
Policy 4	'critical incident'	'traumatic event'
Policy 5	'critical incident'	'crisis'
Policy 6	'critical incident'	'crisis'; 'trauma'; 'traumatic event';

Table 1: Nomenclature in CI policy literature

Although the main construct was identified as a 'critical incident' (4/6 policies) or crisis (2/6), when analysing the policy document as a whole, a range of other terms were used to describe a CI or crisis, the most frequent of which was 'traumatic event' (4/6). It was interesting to note that, where different terms were used, these terms appeared to be used interchangeably, with no apparent

qualitative difference in meaning. Some policies did, however, draw a distinction between major incidents / emergencies that might occur within a LA and a 'critical incident' or 'crisis' within a school. The distinction is made on the basis of the incident affecting the wider community and, therefore, requiring a different scale of response from a wide range of LA, health and emergency services.

2. Definitions in EPS policy literature

The definitions of the main construct provided in the policy documents were more informative (see Table 2).

Table 2: CI definitions from EPS policies

EPS Policy	Definition
Policy 1	<p>'The term 'critical incident' is both a subjective and problematic concept to precisely define. In recently published literature, there seems to have been a shift in definition, away from an exact or objective typology of incidents which one could describe as 'critical' to a more relative notion which focuses on the coping abilities of the school or community involved.</p> <p>For example,</p> <p>A critical incident is an unexpected occurrence, which may suddenly have a significant or overwhelming impact on a school or community (Gibson 1999)</p> <p>An incident becomes a critical incident when it constitutes a serious disruption, arising with little or no warning, on a scale beyond the coping capacity of the school operating under normal conditions (Northamptonshire Incident Management Plan 2002)</p> <p>This approach views critical incidents as a situation or event, which is outside the range of everyday experiences. Beyond [sic] normal coping strategies and which are therefore, markedly distressing to a significant number of adults and children. Examples of these types of incidents could include;</p> <ul style="list-style-type: none"> ▪ Violent attacks on school staff, parents or children that result in injury or death ▪ Road traffic accidents (RTAs) or similar travel disasters involving individuals connected with the school ▪ Natural disasters of a physical or geographical nature e.g. fire, flooding, earthquakes, ▪ The abduction and death of a child."
Policy 2	<p>" A crisis is most likely to be an event or incident that</p> <ul style="list-style-type: none"> • Is sudden and unexpected; • Has a significant impact on individuals or groups of people; • Involves some sort of actual and/or perceived, emotional and/or physical, threat or injury; • Is at the extreme end of the range of experiences that can cause grief and trauma."

Policy 3	"A 'crisis' is seen as a situation which is outside the range of normal human experience, which would be markedly distressing to anyone. The service will always offer support if there are children or staff who have witnessed or been directly involved in a serious or fatal incident; or if after discussion, the co-ordinator considers that the school is likely to be overwhelmed by tasks of dealing with the events that have occurred"
Policy 4	"A critical incident could include staff/student lost or injured on a school visit, staff or student suicide, serious physical attack on student/staff, terminal illness of student/staff, the sudden death of a student/staff member or the loss of buildings through fire or flood"
Policy 5	"A "critical incident" is defined as any significant and severe event which seriously traumatizes a group of pupils, staff or whole school. A child death clearly fulfils this definition, but this may also include a bomb, serious fire / flood or school accident (not always involving death)"
Policy 6	"A critical incident may be defined as a single or sequence of incidents which <ul style="list-style-type: none"> • are sudden and unexpected (even if likely such as war based deaths • contain real or imagined threats to a person • are likely to overwhelm usual coping mechanisms • cause severe/significant disruption • are likely to be traumatic to most people"

There was no evidence that a 'critical incident' (policies 1, 4, 5 and 6) differed systematically from a 'crisis' (policies 2 and 3) and therefore they can be assumed to be synonyms for a single construct. Hereafter the construct will be referred to as 'critical incident'.

A number of themes emerged from an analysis of the definitions. There were clear commonalities but also significant differences in the way CIs were defined. The table below (Table 3) illustrates some of the themes and how these are distributed across the definitions offered.

Table 3: Characteristics of EPS policy definitions of CIs

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5	Policy 6
Unexpected / sudden	✓	✓				✓
Overwhelming	✓		✓			✓
Outside the range of normal experience	✓		✓			
Significant / severe / extreme	✓	✓	✓		✓	✓
Markedly distressing / seriously traumatizing	✓	✓	✓		✓	✓
Affecting a number of people	✓				✓	
Includes examples	✓		✓	✓	✓	

As identified in the definition offered in Policy 1, a CI is clearly a “problematic” concept to define. There were three ways in which this was attempted within the definitions examined. The first was through describing *features* of an incident that might be ‘critical’. The second was through describing the *impact* of such an incident. The third was through the use of *examples* to illustrate the type of event that might be considered ‘critical’.

2.2.2 Examples and illustrations of CIs in EPS policy literature

We turn now to a closer examination of the examples that are given in the sample of policy documents to illustrate CIs. This is in order to begin to develop a typology of incidents to shed further light on the construct under investigation.

The table below (Table 4) shows examples of CIs offered in the policy documents analysed, indicative of hypothetical events to which the EPS would respond. Often these examples are contextualised in a way that suggests the list is not exhaustive.

Table 4: Examples and illustrations of CIs in policy literature

EPS Policy	Examples
Policy 1	<ul style="list-style-type: none"> • Violent attacks on school staff, parents or children that result in injury or death • Road traffic accidents (RTAs) or similar travel disasters involving individuals connected with the school • Natural disasters of a physical or geographical nature e.g. fire, flooding, earthquakes • The abduction and death of a child
Policy 2	<p>“Some examples of possible crisis events are:</p> <ul style="list-style-type: none"> ▪ death of a pupil or member of staff due to illness, accident, suicide or murder; ▪ a serious accident involving pupils and/or staff on or off the school premises (road, sea or air); ▪ death or injuries during a school journey; ▪ a violent intrusion onto the school premises; ▪ fire, flood, explosion, destruction or vandalism at school; ▪ the witnessing by pupils of an accident or deliberate act of violence leading to assault, serious injury or death; ▪ outbreak of communicable diseases; ▪ tragedy involving children from many schools; ▪ civil disturbances, terrorism within the vicinity of the school, or pupil or teacher being taken hostage; ▪ natural disaster in the community.”

Policy 3	Anticipated death or loss; sudden death or loss; sudden death or loss of family member; criminal incident; suicide;
Policy 4	"A critical incident could include staff/student lost or injured on a school visit, staff or student suicide, serious physical attack on student/staff, terminal illness of student/staff, the sudden death of a student/staff member or the loss of buildings through fire or flood"
Policy 5	"A child death clearly fulfils this definition (See Table 2), but this may also include a bomb, serious fire / flood or school accident (not always involving death)"
Policy 6	<p><u>Critical incidents affecting schools may include:-</u></p> <ul style="list-style-type: none"> • The death or significant injury of a pupil(s) or member(s) of staff through sudden accident, murder, assault, sudden death or diagnosis of a terminal illness or suicide • A serious accident involving pupils and school personnel on or off the school premises • A violent attack or violent intrusion onto school premises, e.g. involving an armed intruder or a bomb alert • Intrusion onto school premises resulting from such activity such as a car chase • Fire, flood, building collapse, or major vandalism in school • A hostage situation • A disaster in the community, eg transport accident, terrorism. • A disaster affecting a community such as an international incident or war based deaths, which may occur in a distant part of the globe but have a local community affect"

One way of categorising the CIs would be as **accidents, criminal acts, illness** or **natural disasters**. In each of these categories there may be an impact on members of the school community, school property or both. The only potential 'CI' or 'crisis' that does not fit easily into this categorisation is staff or pupil suicide. Whilst technically a criminal act, categorising it in this way would seem potentially insensitive and inappropriate. Acts of suicide, therefore, remain difficult to categorise accurately, and any typology may need to treat suicide and serious self-harm as a separate category.

3. An interim working definition based on policy literature

Having carried out this initial review of policy literature, it is now possible to offer an interim working definition of a 'CI' based on the policy literature reviewed. This will include a summary of the events that might constitute a 'CI' or 'crisis' derived from the list of incidents taken from the policy documents. One aspect that remains problematic is whether events must be 'sudden and unexpected', but this was included as it was a feature of most policies. The following is,

therefore, offered as an interim working definition. It describes the features and impact of a 'CI' as derived from the themes emerging from the review of policy literature:

'A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community'

In addition to the above it is envisaged that some description of events that might constitute a 'CI' would clarify the construct. The provision of specific examples would inevitably produce a list that would be illustrative rather than exhaustive. The following summary is, therefore, seen as more effective.

'It may be the result of an accident, criminal act, illness or natural disaster that affects members of the school community, school property or both. An act of suicide or attempted suicide by a member of the school community may also constitute a critical incident.'

2.4 Exploring definitions in the professional literature

4. The selection of professional literature

The working definition arrived at following the review of policy literature was then used to guide selection of EP journal literature. The following inclusion and exclusion criteria derived from the definition were applied.

Papers were included if they had a sufficient focus on the role of the EP in England in responding to CIs, as defined by the working definition. This simple inclusion criterion serves to maintain a tight focus, but it follows that certain areas of EP work and research are potentially excluded. Some of these areas are related to an extent to aspects of CI work and research. Identifying these areas further clarifies the review focus.

The exclusion criteria are summarised as follows:

- Literature relating to the role of the EP in developing emotional literacy or promoting emotional wellbeing within schools
- The role of the EP in bereavement work that does not relate to a 'CI' as defined
- Literature relating to the role of the EP in working with pupils who have suffered serious trauma outside the school community that may not be overwhelming to members of the school community and may not be the result of a sudden and unexpected event

Twelve papers provided a match for the identified criteria. The definitions contained in these papers are now examined.

5. Nomenclature, definition and examples in the professional literature

It was clear from the initial review of policy literature that there was significant variation in both the terms used to name a CI, and the definition of a CI offered. A review of the terms and definitions used in professional literature shows similar variability in descriptions of CIs, despite the fact that all of the papers have been selected to meet the selection criteria.

The table below (Table 5) shows the terms used in the professional literature selected. As with the policy literature, the range of terms used in the professional literature included a number of terms used seemingly interchangeably to describe similar events, and seem comparable to those described used in policy literature. The most frequently occurring terms were 'traumatic event', 'trauma', 'critical incident' and 'crisis' and these terms were frequently used interchangeably within papers. There does not appear to be a change in the terms used over time.

Table 5: Terms used in academic literature to describe CIs

Paper	Terms used (bold where term in title or defined)
O'Hara, Taylor & Simpson (1994)	'significant disasters'; 'traumatic events'; 'catastrophes'; 'tragedy';
Mallon & Best (1995)	' trauma in school '; 'traumatic events'; 'disasters'; 'emergencies'; 'crisis'
Cornish (1995)	'tragic events'; 'bereavement'
Cameron et al (1995)	'traumatic events'; 'disasters'; 'crisis'
Houghton (1996)	' critical incident '; 'disaster'; 'crisis';
Carroll et al. (1997)	' crisis ' 'tragic events'; 'major traumatic incidents'; 'tragedy'; 'traumatic events';
Randall & Parker (1997)	'traumatic incidents'; 'tragedy' 'traumatising events'; 'stressful events'
McCaffrey (2004)	' crisis '; 'critical incident'; 'crisis situations'; 'traumatic incident'; 'trauma'; 'stressful incident'; 'traumatic events'
Lloyd Bennett & Dyehouse (2005)	'bereavement'; 'critical incident'; 'tragic event'; 'tragedy';
Greenway (2005)	' traumatic event '; 'trauma';
Posada (2006)	'critical incidents'; 'disasters'; 'emergencies'; 'critical events'; 'crisis'
Hayes & Frederickson (2008)	crisis'; 'traumatic events'; 'trauma'; 'disaster'

A range of definitions were offered in the papers to define various terms. The table below (Table 6) shows the range of definitions offered, where an explicit definition was included in the paper.

Table 6: Definitions given in the identified papers

Paper	Definition offered
Houghton (1996)	Critical incident – “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 (all the more traumatic if witnessed by others), or it could be that the school is subjected to major vandalism such as an arson attack.”
Carroll et al. (1997)	Crisis - 'any sudden unexpected incident involving loss, grief and shock.'
McCaffrey (2004)	A 'crisis' is seen as a situation which is outside the range of normal human experience, which would be markedly distressing to anyone such as the death of a colleague(or colleagues), a child (or children); or a traumatic which resulted in a near death experience for a member (or members of staff and or a child (or children).
Greenway (2005)	'traumatic event' – “It is because it is overwhelming and incapacitating, and cannot be managed psychically, that an event can be described as traumatic” From Young (1998; p 64)

Posada (2006)	Disasters are rare, sudden events for which people are usually unprepared and with which they have little experience. From Yates, Axson, Bickham & Howe (1989; p. 165)
Hayes & Frederickson (2008)	To warrant a response from crisis support team [an incident] must 1). involve someone witnessing a fatal, near fatal or extremely shocking event 2). Consider whether the amount of emotional distress is "overwhelming" for the school community

Of immediate note is the observation that an explicit definition was offered by only six of the twelve selected papers. Whilst all describe at least one aspect of the interim definition derived from the review of policy literature, the papers tend to place the emphasis on different features. There appears to be no obvious qualitative difference between the definitions offered for the terms 'crisis', 'critical incident', 'traumatic event' and 'disaster'.

The final aspect of this initial inspection of the professional literature is the exploration of examples and illustrations given to demonstrate the sort of events that may constitute a CI or crisis. A wealth of such examples was included in the EP journal literature. A distinction is made between actual examples of real incidents to which EPs have responded and descriptions of the types of hypothetical incidents to which EPs might respond. In the table below (Table 7) actual examples provided are shown in bold.

Table 7: Incidents or examples of CIs

Paper	Incidents / examples of events to which EPs would respond or have responded
O'Hara, Taylor & Simpson (1994)	Fatal road traffic accidents involving children; death of a pupil on a school adventure holiday;
Mallon & Best (1995)	Intruder in secondary school armed with machete, meat cleaver and firearm who threatened staff and pupils and kept one class hostage
Cornish (1995)	The murder of a 9-year-old boy; the death of a teenage girl who took an overdose at school
Cameron et al. (1995)	Death of a nursery school child; secondary school pupil who went missing and was subsequently murdered
Houghton (1996)	Death of a child in a road traffic accident; murder of a child; sudden unexpected death of parent(s) or school staff including from road traffic accidents, suicide and murder
Carroll et al. (1997)	Minibus crashes; school journey accidents; fatal stabbings; shootings at school; sudden death of an individual/group of individuals within a school

Randall & Parker (1997)	Dunblane shootings ; accidental deaths of pupils or staff members in schools or road traffic accidents in the vicinity of schools; acts of extreme violence
McCaffrey (2004)	The death of a colleague (or colleagues), a child (or children); or a traumatic which resulted in a near death experience for a member (or members) of staff and or a child (or children).
Lloyd Bennett & Dyehouse (2005)	Death of a primary school pupil aged 10 in a garage fire accident
Greenway (2005)	Fatal stabbing of a senior member of staff outside a school; nursery school pupil injured in a road traffic accident outside the school gates; boy who fell off playground table sustaining life threatening injuries; school keeper who committed suicide on the school roof; murder of 7-year-old boy by his mother
Posada (2006)	Involvement in wider LA emergency planning role play involving the evacuation of people from a block of flats where there had been an explosion and fire
Hayes & Frederickson (2008)	Teenage victims of rape on an overseas trip; murder of a teacher; sudden death of both parents of a pupil; fatal road traffic accident

6. Summary

The events described in the EP journal literature are diverse. However, it appears that almost all of these fit within the definition and the typology derived for the initial review of the policy literature. The following working definition therefore remains appropriate.

‘A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community’

‘It may be the result of an accident, criminal act, illness or natural disaster that affects members of the school community, school property or both. An act of suicide or attempted suicide by a member of the school community may also constitute a critical incident.’

Appendix 2–

Questionnaire to PEPs

Survey of Principal Educational Psychologists

1. Introduction

Thank you very much for your interest in participating in this research. Below is a little bit about me, the research and how you can help.

The research and the researcher

The project will be carried out by me, Matt Beeke as part of my training as an educational psychologist. The research is being supervised by Professor Marjorie Smith and Dr. Karen Majors at the Institute of Education, University of London. It seeks to explore the work of Educational Psychologists (EPs) in response to critical incidents in school communities. There are many different definitions of critical incidents but the following draws together the key features:

'A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community.'

This will be explored by collecting questionnaire data from both practicing EPs and Principal Educational Psychologists (PEPs), as well as semi-structured interviews with EPs exploring their work following critical incidents.

What am I asking you to do?

If you agree, I am hoping that you will participate in the research by answering the questions in the online survey. It should take no more than 20 to 30 minutes, and your views will be very valuable. The questionnaire has been designed to be completed by PEPs or Senior EPs / EPs with a lead responsibility for critical incident response within the service. There is no need to provide your name or contact details (unless you would like feedback, or are willing to take part in the second stage of the research), and all information obtained will be treated as confidential and used only for research purposes, and not for any other reason.

Why am I asking you to do this?

I am interested in the role and practice of EPs in relation to critical incidents, and how well the training of EPs prepares them for work of this potentially sensitive nature. I hope that the outcome of the research will inform and improve training and practice in this area. The project is an important part of my initial training in Educational, Child and Adolescent Psychology at the Institute of Education, University of London.

What will happen to the results?

The findings will contribute to a report as part of my training requirement. I also hope to write a paper for submission to an academic journal relevant to EPs. Information from the questionnaire, including any quotes used, will be anonymised so that no individual, or Educational Psychology Service is identifiable. Given the unique nature of some critical incidents, where appropriate, these will be altered to ensure that anonymity is retained for those involved.

What now?

Should you require any further information prior to your participation, please contact me at mbeeke@ioe.ac.uk

If you have any concerns about this study, contact researchethics@ioe.ac.uk

Please click the 'next' button to continue. By doing so you indicate that you have read the information above and that you are willing to participate in the study.

N.B. It may be helpful to have the EPSs Critical Incident Policy to refer to if your service has one.

Survey of Principal Educational Psychologists

2. Demographic Information

Please provide a little information about you and your role.

1. For which Authority or London Borough do you currently work?

2. What is your role in the Educational Psychology Service?

- Principal Educational Psychologist
- (Senior) Educational Psychologist with a lead role in critical incident response

Other (please specify)

3. Please describe the context of the schools with which you work in your current appointment. (Tick all that apply)

- Rural schools (schools in a village / small town)
- Urban (schools in a large town)
- Suburban (schools on the edge of a large town or city)
- Inner city (schools in a large city)

Other (please specify)

4. Do you have a particular role in critical incident response?

- Yes
- No

If you do have a particular role please describe (i.e. part of specialist response team, responsible for training etc)

Survey of Principal Educational Psychologists

3. Personal Training

The questions on this page are about training that you personally have received in the area of critical incidents.

1. When did you last receive training in responding to critical incidents?

- Within the last year
- Between 1 year and 3 years ago
- More than 3 years ago
- I have not received training

2. Please indicate to what extent the training you have received has prepared you to respond to critical incidents.

- Adequate training received
- Some relevant training received
- Minimal / Inadequate training received
- No training received

3. Please state to what extent you agree with the following statement:

"I currently consider that I am qualified to competently respond to critical incidents."

- Yes, definitely
- Yes, to some extent
- No, not fully
- Not at all

Survey of Principal Educational Psychologists

4. Training 1

The questions on this page relate to training that has been offered to EPs in your Educational Psychology Service in critical incident response.

1. When was training last offered in critical incident response to EPs that work for your Educational Psychology Service?

- Within the last year
- Between 1 year and 3 years ago
- More than 3 years ago
- No training has been offered

Survey of Principal Educational Psychologists

5. Training 2

This page asks some more questions about training that has been offered to EPs in your Educational Psychology Service in critical incident response.

1. Who provided your most recent training in critical incident response? (Tick all that apply)

- Member(s) of the Educational Psychology Service for which you work
- Member(s) of the Authority for which you work outside the Educational Psychology Service
- Members of another Educational Psychology Service
- A private contractor
- You in your role as PEP

Other (please specify)

2. Which of the following psychological models / approaches describes the most recent training? (Tick all that apply)

- Training based on the experience of other Educational Psychologists in responding to critical incidents
- Training based on Clinical / PTSD models
- Training based on Critical Incident Stress Debriefing
- Training based on systemic models

Other (please specify)

3. To what extent do you agree with the following statement.

"The training that the Educational Psychologists in my service have received allows them to competently respond to critical incidents in school communities."

- Yes, definitely
- Yes, to some extent
- No, not fully
- Not at all

Comments (if you wish to make any)

Survey of Principal Educational Psychologists

6. Policy 1

Please answer the following question about critical incident policy in your Borough / Authority.

1. Which of the choices below most accurately describes the current situation within your service in devising an Educational Psychology Service policy for critical incident response?

- We have not considered devising such a policy
- We have considered devising a policy but decided against it
- We are currently drafting a policy
- We have a draft policy
- We have a completed policy
- We have a completed policy that is known and used by the psychologists within the service

Other (please specify)

2. For how long have you had a critical incident policy?

- We haven't got one
- Less than 6 months
- Between six months and one year
- Between one year and three years
- More than three years

Survey of Principal Educational Psychologists

7. Policy 2

1. What term is primarily used to describe critical incidents in your Borough / Authority?

- Traumatic event
- Disaster
- Trauma
- Critical incident

Other (please specify)

2. Please explain the reasons for choosing the term your service uses.

3. Does your policy provide a definition of a 'critical incident' (or term your service uses)?

- Yes
- No
- Don't Know

If so please provide the definition

4. How would you describe the psychological models and theories underpinning the policy? (Tick all that apply)

- Policy based on the experience of other Educational Psychologists in responding to critical incidents
- Policy based on Clinical / PTSD models
- Policy based on Critical Incident Stress Debriefing
- Policy based on systemic models

Other (please specify)

Survey of Principal Educational Psychologists

5. Which of the following describes the extent to which the Educational Psychology Service critical incident policy fits with emergency planning within the the Authority?

(Tick all that apply)

- We jointly developed our policies and plans
- We were aware of the Authority emergency planning policy when developing our policy
- We developed our policy separately from Authority emergency planning policy
- We met following writing of policies to discuss how these might work in practice

Other (please specify)

Survey of Principal Educational Psychologists

8. Critical Incident Response 1

Only one question on this page to establish whether or not your service responds to critical incidents in school communities.

1. Have members of your service been involved with responding to critical incidents involving school communities?

Yes

No

Survey of Principal Educational Psychologists

9. Critical Incident Response 2

Now it has been established that members of your service have been involved in responding to critical incidents, please answer the following questions.

1. Approximately how many incidents have members of your service been involved with during the last 3 years?

Enter number here

2. Do you consider responding to critical incidents as an appropriate service for the Educational Psychology Service to provide to schools?

- Yes
 No
 Not sure

Would you like to say more about this?

3. Which members of your team respond to critical incidents? (Tick all that apply)

- An Educational Psychologist from the team with a specialism in critical incident response
 The Educational Psychologist for the school involved
 A Senior Educational Psychologist
 The Principal Educational Psychologist

Other (please specify)

4. Which other professionals could conceivably be involved in the response team? (Tick all that apply)

- Social worker(s)
 Clinical Psychologist(s)
 Area Education Officer
 Police
 Authority Press Officer
 Specialist Teacher(s) who work for the Authority

Other (please specify)

Survey of Principal Educational Psychologists

5. How long ago was your most recent response?

- Within the last two weeks?
- Between 2 weeks and one month ago?
- Between one month and six months ago?
- Between six months and a year ago?
- More than one year ago?

6. Who made the initial request for the involvement of the Educational Psychology Service?

7. How quickly did the service respond in providing support to the school?

- Within 24 hours
- Between 24 and 72 hours
- Between 72 hours and one week
- Over a week after the request

Other (please specify)

8. How long did the support for the school last?

- Up to 24 hours
- Between 24 and 72 hours
- Between 72 hours and one week
- Between one week and one month
- Over one month

Other (please specify)

9. Do you have a working group that meets to discuss critical incident response?

- There was one but it has now been disbanded
- No, we have never had such a group
- Yes, there is currently such a group
- There was a group responsible for devising policy but it has now fulfilled its function

Survey of Principal Educational Psychologists

10. Supervision

This page aims to find out about the supervisory arrangements for psychologists involved in responding to critical incidents in your service.

1. What arrangements are made for the support and supervision of psychologists responding to critical incidents in school communities? (Tick all that apply)

- Co-working with other psychologists to facilitate informal supervision
- Supervision within the usual supervisory arrangements for Educational Psychologists
- Additional supervision to the usual supervisory arrangements for Educational Psychologists
- Additional supervision available if requested by the psychologist responding to the incident
- No formal supervision is offered

Would you like to say more about this?

2. To what extent do you agree with the following statement.

"I believe that the supervisory arrangements in place for the Educational Psychologists responding to critical incidents in my service are adequate."

- Yes, definitely
- Yes, to some extent
- No, not fully
- Not at all

Would you like to say more about this?

Survey of Principal Educational Psychologists

11. Evaluation

1. How does the Educational Psychology Service seek to evaluate the impact of work in response to a critical incident? (Tick all that apply)

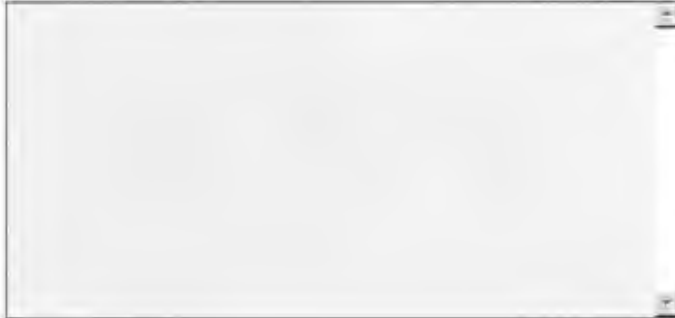
- Questionnaire to school staff
- Informal consultation with school staff
- Questionnaire to parents
- Informal consultation with parents
- Questionnaire to pupils
- Informal consultation with pupils
- Evaluation in relation to the Every Child Matters outcomes

Other (please specify)

Survey of Principal Educational Psychologists

12. Anything else?

1. Finally, would you like to add any further comments or provide any further information?



Survey of Principal Educational Psychologists

13. Thank You

That is the end of the questionnaire. Thank you very much for your help with this survey. If you would like to receive a summary of the outcomes of this study, please email me at mbeeke@ioe.ac.uk.

It is recognised by the researchers that the questions asked may have caused you some distress as you have reflected on critical incidents to which you have responded. Arrangements have been put in place to support you should you wish to talk to someone. Please email Dr. Karen Majors, an experienced EP, in confidence providing your contact details and preferred times for contact. She will then make telephone contact with you. Karen's email address is k.majors@ioe.ac.uk

Best wishes

Matt Beeke

Appendix 3– Questionnaire to EPs

1. Introduction

Thank you very much for your interest in participating in this research. Below is a little bit about me, the research and how you can help.

The research and the researcher

The project will be carried out by me, Matt Beeke as part of my training as an Educational Psychologist. The research is being supervised by Professor Marjorie Smith and Dr. Karen Majors at the Institute of Education, University of London. It seeks to explore the work of Educational Psychologists (EPs) in response to critical incidents in school communities. There are many different definitions of critical incidents but the following draws together the key features:

'A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community.'

This will be explored by collecting questionnaire data from both practicing EPs and Principal Educational Psychologists (PEPs), as well as semi-structured interviews with EPs exploring their work following critical incidents.

What am I asking you to do?

If you agree, I am hoping that you will participate in the research by answering the questions in the online survey. It should take no more than 20 to 30 minutes, and your views will be very valuable. The questionnaire has been designed to allow the participation of practicing EPs whether or not they have been involved in responding to a critical incident. There is no need to provide your name or contact details (unless you would like feedback, or are willing to take part in the second stage of the research), and all information obtained will be treated as confidential and used only for research purposes, and not for any other reason. A small number of people who are willing to be contacted further will be invited to be involved in the interview stage of the research. These participants will be chosen to represent a range of geographical areas and service contexts.

Why am I asking you to do this?

I am interested in the role and practice of EPs in relation to critical incidents, and how well the training of EPs prepares them for work of this potentially sensitive nature. I hope that the outcome of the research will inform and improve training and practice in this area. The project is an important part of my initial training in Educational, Child and Adolescent Psychology at the Institute of Education, University of London.

What will happen to the results?

The findings will contribute to a report as part of my training requirement. I also hope to write a paper for submission to an academic journal relevant to EPs. Information from the questionnaire, including any quotes used, will be anonymised so that no individual, or Educational Psychology Service is identifiable. Given the unique nature of some critical incidents, where appropriate, these will be altered to ensure that anonymity is retained for those involved.

What now?

Should you require any further information prior to your participation, please contact me at mbeeke@ioe.ac.uk

If you have any concerns about this study, contact researchethics@ioe.ac.uk

Please click the 'next' button to continue. By doing so you indicate that you have read the information above and that you are willing to participate in the study.

2. Demographic Information

Firstly, please provide a little information about yourself and your work as an Educational Psychologist.

1. Please select your gender.

- Male
 Female

2. For which Authority or London Borough do you currently work?

3. For how many years have you been a qualified Educational Psychologist?

- Less than 2 years
 Between 2 and 5 years
 Between 6 and 10 years
 Over 10 years

4. For how many years have you worked for your current Educational Psychology Service?

- Less than 2 years
 Between 2 and 5 years
 Between 6 and 10 years
 Over 10 years

5. Including your current appointment, for how many Educational Psychology Services have you worked? Please discount placements but include salaried (or bursaried) Trainee Educational Psychologist positions.

- 1
 2
 3
 4
 5+

6. Please describe the context of the schools with which you work in your current appointment. (Tick all that apply)

- Rural schools (schools in a village / small town)
 Urban (schools in a large town)
 Suburban (schools on the edge of a large town or city)
 Inner city (schools in a large city)

Other (please specify)

7. Which of the below best describes your current appointment?

- Maingrade Educational Psychologist
- Specialist Maingrade Educational Psychologist
- Senior Educational Psychologist
- Specialist Senior Educational Psychologist

If specialist please state specialism

8. Do you have a particular role in critical incident response?

- Yes
- No

If you do have a particular role please describe (i.e. part of specialist response team, responsible for training etc)

3. Training

Please provide some information about the training you have received in responding to critical incidents.

1. Please indicate to what extent you consider that your initial Masters or Doctorate programme prepared you to respond to critical incidents.

- Adequate training received
- Some relevant training received
- Minimal / Inadequate training received
- No training received

2. Please indicate to what extent your training since qualification has prepared you to respond to critical incidents.

- Adequate training received
- Some relevant training received
- Minimal / Inadequate training received
- No training received

3. Please state to what extent you agree with the following statement:

"I currently consider that I am qualified to competently respond to critical incidents."

- Yes, definitely
- Yes, to some extent
- No, not fully
- Not at all

Comments (if you wish to make any)

4. When did you last receive training in responding to critical incidents?

- Within the last year
- Between 1 year and 3 years ago
- More than 3 years ago
- I have not received training

4. Training 2

Please answer the following questions on your most recent training.

1. Who provided your most recent training in responding to critical incidents? (Tick all that apply)

- Member(s) of the Educational Psychology Service for which you work
- A private contractor
- Member(s) of the Authority for which you work outside the Educational Psychology Service
- Members of another Educational Psychology Service

Other (please specify)

2. Which of the following psychological models / approaches best describes your most recent training? (Tick all that apply)

- Training based on Critical Incident Stress Debriefing
- Training based on systemic models
- Training based on Clinical / PTSD models
- Training based on the experience of other Educational Psychologists in responding to critical incidents
- Not Known

Other (please specify)

5. Policy

Only one question on this page about the policy in your service.

1. To your knowledge, does the Authority or London Borough for who you work have a critical incident policy or similar document?

Yes

No

6. Policy (2)

1. How would you describe the psychological models and theories underpinning the policy?

- Policy based on the experience of other Educational Psychologists in responding to critical incidents
- Policy based on Clinical / PTSD models
- Policy based on Critical Incident Stress Debriefing
- Policy based on systemic models
- Not Known

Other (please specify)

2. The policy document is readily available to you.

- Yes
- No

3. To what extent do you consider that you know the contents of the critical incident policy.

- I have a good knowledge of the policy contents
- I have some knowledge of the policy contents
- I have very little knowledge of the policy contents
- I have no knowledge of the policy contents

4. Please consider your most recent critical incident response. To what extent do you consider that your practice was informed by the policy?

- I have never responded to a critical incident
- My practice was entirely guided by policy
- My practice was partly guided by policy
- My practice was guided by past experience and policy
- My practice was guided by my past experience and not policy
- My practice was informed by models and approaches not included in policy

If your practice was not guided by policy, please explain why you chose to deviate from policy guidance.

7. Incidents (1)

Thanks for your responses so far. Please keep going. Just one question on this page to establish whether you consider that you have responded to critical incident.

1. Do you consider that you have been involved in responding to a critical incident at any time as part of your work as an Educational Psychologist?

I'm not sure

Yes

No

8. Incidents (2)

A few questions here about the types of incident to which you have responded.

1. Have you consulted the policy document when responding to a critical incident?

Yes

No

2. Please indicate to what extent you agree with the following statement.

"The policy provides guidance that has been useful when responding to a critical incident."

Strongly Agree

Agree

Disagree

Strongly Disagree

Comments (if required)

3. How many times have you responded to the following types of incident involving a member or members of the school community?

Attempted suicide (not resulting in death)

Suicide (resulting in death)

Accidental injury (not resulting in death)

Fatal accidental injury

Serious illness (not resulting in death)

Illness resulting in death

Sudden death

Criminal act leading to injury

Criminal act leading to death

Criminal damage to school property

Natural disaster

4. Please briefly describe below an example of any of the types of incidents below to which you have responded.

Attempted suicide	<input type="text"/>
Suicide (leading to death)	<input type="text"/>
Accidental injury (not resulting in death)	<input type="text"/>
Fatal accidental injury	<input type="text"/>
Serious illness (not resulting in death)	<input type="text"/>
Illness resulting in death	<input type="text"/>
Sudden death	<input type="text"/>
Criminal act leading to injury	<input type="text"/>
Criminal act leading to death	<input type="text"/>
Criminal damage to school property	<input type="text"/>
Natural disaster	<input type="text"/>

5. Please describe the most recent critical incident to which you responded.

6. Please describe your response to this incident.

7. Which other professionals (external to the school) were involved in the response to the last incident in which you were involved? (Tick all that apply)

- Advisory Teacher(s)
- Police
- Social worker(s)
- Area Education Officer
- Clinical Psychologist(s)
- Charitable organisation(s)
- Authority Press Officer

Other (please specify)

8. How successful do you consider this intervention was in providing support to the school community following the incident?

- Very successful
- Partially successful
- Not very successful
- Unsuccessful
- Don't know

9. Intervention

There are quite a few questions on this page. Please provide as much information as you can.

The questions are about the interventions that you may have offered to members of the school community following a critical incident. In this section a distinction is made between pupils and staff directly involved in the trauma (e.g. on the bus that crashed, person hit by car) and those who may have been traumatised by witnessing a critical incident (e.g. saw the bus crash, witnessed someone being hit by a car).

1. What interventions have you offered to pupils NOT directly involved in the critical incident? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Individual debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Signposting other services |
| <input type="checkbox"/> Group debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Referral to clinical psychology |
| <input type="checkbox"/> Individual non-specific counselling | <input type="checkbox"/> Play based therapeutic interventions |
| <input type="checkbox"/> Group non-specific counselling | <input type="checkbox"/> Art based therapeutic interventions |
| <input type="checkbox"/> CBT based individual interventions | <input type="checkbox"/> Bereavement activities with groups |
| <input type="checkbox"/> CBT based group interventions | <input type="checkbox"/> Triage (assessing individual risk) |

Other (please specify)

2. If you have used the following interventions with pupils NOT directly involved in the critical incident, how would you rate their effectiveness?

	I have not used this	Very effective	Effective	Ineffective	Very ineffective	Don't Know
Individual debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based individual interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based group interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to clinical psychology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play based therapeutic interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art based therapeutic interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bereavement activities with groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triage (assessing individual risk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (as specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What interventions have you offered to pupils DIRECTLY involved in the critical incident? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Individual debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Signposting other services |
| <input type="checkbox"/> Group debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Referral to clinical psychology |
| <input type="checkbox"/> Individual non-specific counselling | <input type="checkbox"/> Play based therapeutic interventions |
| <input type="checkbox"/> Group non-specific counselling | <input type="checkbox"/> Art based therapeutic interventions |
| <input type="checkbox"/> CBT based individual interventions | <input type="checkbox"/> Bereavement activities with groups |
| <input type="checkbox"/> CBT based group interventions | <input type="checkbox"/> Triage (assessing individual risk) |

Other (please specify)

4. If you have used the following interventions with pupils DIRECTLY involved in the critical incident, how would you rate their effectiveness?

	I have not used this	Very effective	Effective	Ineffective	Very ineffective	Don't Know
Individual debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based individual interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based group interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to clinical psychology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play based therapeutic interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art based therapeutic interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bereavement activities with groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triage (assessing individual risk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (as specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What interventions have you offered to school staff (excluding senior leadership staff) NOT directly involved in the critical incident? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Individual debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> CBT based group interventions |
| <input type="checkbox"/> Group debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Signposting other services |
| <input type="checkbox"/> Providing advice on the curriculum | <input type="checkbox"/> Referral to clinical psychology |
| <input type="checkbox"/> Providing information, leaflets etc. | <input type="checkbox"/> Advice on managing pupil reactions |
| <input type="checkbox"/> Individual non-specific counselling | <input type="checkbox"/> Bereavement activities with pupils alongside a teacher |
| <input type="checkbox"/> Group non-specific counselling | <input type="checkbox"/> Triage (assessing individual risk) |
| <input type="checkbox"/> CBT based individual interventions | |

Other (please specify)

6. How would you rate the effectiveness of the following interventions with school staff (excluding senior leadership staff) NOT directly involved in the critical incident?

	Very effective	Effective	Ineffective	Very ineffective	Don't Know
Individual debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing advice on the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information, leaflets etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based individual interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based group interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to clinical psychology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on managing pupil reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bereavement activities with pupils alongside a teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triage (assessing individual risk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (as specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What interventions have you offered to school staff (excluding senior leadership staff) DIRECTLY involved in the critical incident? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Individual debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> CBT based group interventions |
| <input type="checkbox"/> Group debriefing (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Signposting other services |
| <input type="checkbox"/> Providing advice on the curriculum | <input type="checkbox"/> Referral to clinical psychology |
| <input type="checkbox"/> Providing information, leaflets etc. | <input type="checkbox"/> Advice on managing pupil reactions |
| <input type="checkbox"/> Individual non-specific counselling | <input type="checkbox"/> Bereavement activities with pupils alongside a teacher |
| <input type="checkbox"/> Group non-specific counselling | <input type="checkbox"/> Triage (assessing individual risk) |
| <input type="checkbox"/> CBT based individual interventions | |

Other (please specify)

8. How would you rate the effectiveness of the following interventions with school staff (excluding senior leadership staff) DIRECTLY involved in the critical incident?

	Very effective	Effective	Ineffective	Very ineffective	Don't Know
Individual debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group debriefing (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing advice on the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing information, leaflets etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group non-specific counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based individual interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based group interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to clinical psychology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on managing pupil reactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bereavement activities with pupils alongside a teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triage (assessing individual risk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (as specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What interventions have you offered to families? (Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Individual debriefing for family members (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Signposting other services |
| <input type="checkbox"/> Group debriefing for family members (one-off meeting reviewing the incident and people's responses) | <input type="checkbox"/> Referral to clinical psychology |
| <input type="checkbox"/> Individual non-specific counselling for family members | <input type="checkbox"/> Play based therapeutic interventions |
| <input type="checkbox"/> Group non-specific counselling for family members | <input type="checkbox"/> Art based therapeutic interventions |
| <input type="checkbox"/> CBT based individual interventions for family members | <input type="checkbox"/> Providing leaflets, information etc. |
| <input type="checkbox"/> CBT based group interventions for family members | <input type="checkbox"/> Triage (assessing individual risk) |

Other (please specify)

10. How would you rate the effectiveness of the following interventions with families?

	I have not used this	Very effective	Effective	Ineffective	Very ineffective	Don't Know
Individual debriefing for family members (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group debriefing for family members (one-off meeting reviewing the incident and people's responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual non-specific counselling for family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group non-specific counselling for family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based individual interventions for family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CBT based group interventions for family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to clinical psychology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play based therapeutic interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art based therapeutic interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing leaflets, information etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triage (assessing individual risk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (as specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What interventions have you offered to senior leadership staff in schools? (Tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Signposting other services | <input type="checkbox"/> Advice on implementing a response plan |
| <input type="checkbox"/> Providing leaflets, information etc. | <input type="checkbox"/> Curricular advice |
| <input type="checkbox"/> Advice on dealing with the press | <input type="checkbox"/> Advice on the systemic / organisational impact of a critical incident |
| <input type="checkbox"/> Advice on designing a response plan | |

Other (please specify)

12. How would you rate the effectiveness of the following interventions with senior leadership staff?

	I have not used this	Very effective	Effective	Ineffective	Very ineffective	Don't Know
Signposting other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing leaflets, information etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on dealing with the press	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on designing a response plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on implementing a response plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curricular advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on the systemic / organisational impact of a critical incident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (as specified)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Supervision

Almost there now. Please keep going! Please answer the following questions about the supervisory arrangements for Educational Psychologists responding to critical incidents in your service.

1. What arrangements are made for the supervision of psychologists responding to critical incidents in school communities? (Tick all that apply)

- Co-working with other psychologists to facilitate informal supervision
- Supervision within the usual supervisory arrangements for Educational Psychologists
- Additional supervision to the usual supervisory arrangements for Educational Psychologists
- Additional supervision available if requested by the psychologist responding to the incident
- No formal supervision is offered

Would you like to say more about this?

2. To what extent do you agree with the following statement.

"I believe that the supervisory arrangements in place for the Educational Psychologists responding to critical incidents in my service are adequate."

- Yes, definitely
- Yes, to some extent
- No, not fully
- Not at all

Would you like to say more about this?

3. In addition to this questionnaire, I plan to conduct a series of short interviews with 10-15 EPs who have experience in dealing with critical incidents. The interview will seek to further explore further your practice and ideas on appropriate professional practice / training in critical incident response. The interviews will take place at a time and place convenient to you and I am willing to travel to your place of work to conduct the interview. The interview will last approximately 45 minutes. Please indicate below whether you would be interested in taking part in an interview.

I would be willing to take part in an interview

I would NOT be willing to take part in an interview

Please provide an email address or telephone number

11. Evaluation

Please provide a little information about how you seek to evaluate the impact of your work following a critical incident response.

1. How does your Educational Psychology Service seek to evaluate the impact of work in response to a critical incident? (Tick all that apply)

- Questionnaire to school staff
- Informal consultation with school staff
- Questionnaire to parents
- Informal consultation with parents
- Questionnaire to pupils
- Informal consultation with pupils
- Evaluation in relation to the Every Child Matters outcomes
- Not sure

Other (please specify)

2. Have you ever formally evaluated the impact of your work following a critical incident?

- Yes
- No
- I have not been involved in evaluation but my work has been evaluated by someone else

2. Evaluation (2)

Please provide some information about the ways in which you have evaluated your work following a critical incident.

1. Please consider your most recent critical incident work that you evaluated. Please give a brief description of the incident.



2. Please consider your most recent critical incident work that you evaluated. Please give a brief description of how you sought to evaluate your work and the outcome of this evaluation.

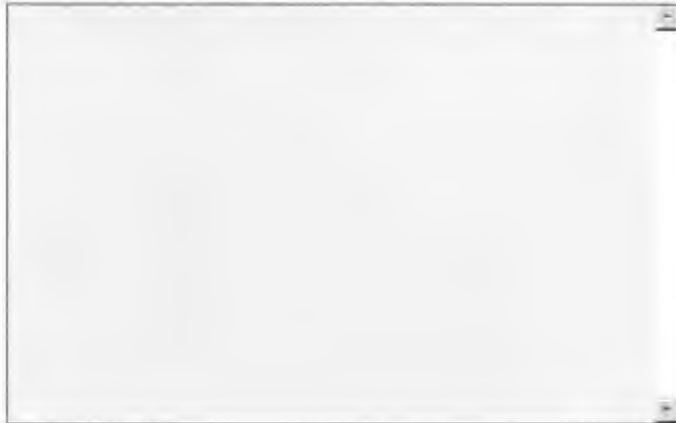


13. Hypothetical Scenario

These are the last two pages. Below is a hypothetical scenario. Please answer the question whether or not you have previously been involved in responding to critical incidents.

1. Please consider and describe in the box below how you would respond to the following request.

A road traffic accident occurs outside a school at the end of the school day. A pupil at the school, a child of 9, is hit by a car and seriously injured. Many other pupils from the school and their parents witnessed the accident, as did two members of school staff. The child's mother and younger sister also witnessed the accident. The local press have arrived at the school. The Headteacher of the school contacts the Educational Psychology Service to request support.



2. What would help you to decide on the appropriate course of action in response to this incident? (Tick all that apply)

- Consult school Headteacher
- Consult Senior Educational Psychologist
- Consult Principal Educational Psychologist
- Consult Specialist Educational Psychologist in critical incidents
- Consult Parents of the pupil involved
- Consult the critical incident policy of the Educational Psychology Service
- Personal reflection on previous experience in responding to critical incidents
- None of these
- Not sure

Other (please specify)

3. Which other professionals do you consider would be likely to be involved in responding to the incident described above? (Tick all that apply)

- Social worker(s)
- Clinical Psychologist(s)
- Area Education Officer
- Police
- Authority Press Officer
- Advisory Teacher(s)
- Charitable organisation(s)
- Not sure

Other (please specify)

14. Any final comments?

1. Finally, would you like to add any further comments or provide any further information?



15. Thank You

That is the end of the questionnaire. Thank you very much for your responses and for completing the survey. If you would like to receive a summary of the outcomes of this study, please email me at mbeeke@ioe.ac.uk.

It is recognised by the researchers that the questions asked may have caused you some distress as you have reflected on critical incidents to which you have responded. Arrangements have been put in place to support you should you wish to talk to someone. Please email Dr. Karen Majors, an experienced EP, in confidence providing your contact details and preferred times for contact. She will then make telephone contact with you. Karen's email address is k.majors@ioe.ac.uk

Best wishes

Matt Beeke

Appendix 4–

Letter to interview participants

Dear _____,

You have already completed my questionnaire on critical incidents in school communities and I am very grateful for your help with this. At the end of the questionnaire you indicated your willingness to be contacted further and I am writing in connection with that. Below is a reminder about me, the research and how you can help.

The research and the researcher

The project will be carried out by me, Matt Beeke as part of my training as an educational psychologist. The research is being supervised by Professor Marjorie Smith and Dr. Karen Majors at the Institute of Education, University of London. It seeks to explore the work of Educational Psychologists (EPs) in response to critical incidents in school communities. There are many different definitions of critical incidents but the following draws together the key features:

‘A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community.’

This was first explored by collecting questionnaire data from both practicing EPs and Principal Educational Psychologists (PEPs) and I am now following this up by conducting semi-structured interviews with EPs exploring their work following critical incidents.

What am I asking you to do?

If you agree, I am hoping that you will participate in this part of the research by spending approximately 45 minutes talking to me about your experience and ideas relating to critical incident response. With your permission, I would like to digitally record the interview. The digital recordings will be transcribed. The original recordings will be securely stored and erased when the research project is complete. All information obtained will be treated as confidential and used only for research purposes, and not for any other reason. You are free to

withdraw from the interview process at any point without providing a reason.

It is recognised by the researchers that the questions asked may cause you some distress as you reflect on critical incidents to which you have responded. Arrangements have been put in place to support you should you wish to talk to someone. Please email Dr. Karen Majors, an experienced EP, in confidence providing your contact details and preferred times for contact. She will then make telephone contact with you. Karen's email address is k.majors@ioe.ac.uk

Why am I asking you to do this?

I am interested in the role and practice of EPs in relation to critical incidents, and how well the training of EPs prepares them for work of this potentially sensitive nature. I hope that the outcome of the research will inform and improve training and practice in this area. The project is an important part of my initial training in Educational, Child and Adolescent Psychology at the Institute of Education, University of London.

What will happen to the results?

The findings will contribute to a report as part of my training requirement. I also hope to write a paper for submission to an academic journal relevant to EPs. Information from the questionnaire, including any quotes used, will be anonymised so that no individual, or Educational Psychology Service is identifiable. Given the unique nature of some critical incidents, where appropriate, these will be altered to ensure that anonymity is retained for those involved.

What now?

Should you require any further information prior to your participation, please contact me at mbeeke@ioe.ac.uk

If you have any concerns about this study, contact researchethics@ioe.ac.uk

Appendix 5 –

Disclosure procedure

Disclosure Policy and Procedure

Critical incidents – exploring theory, policy and practice

Introduction

This disclosure procedure details the mechanism implemented for participants to request and access support if, due to the sensitive nature of some of the issues covered in the questions, they feel distressed or that this would be helpful. These questions ask educational psychologists (EPs) and Principal Educational Psychologists (PEPs) to reflect on their experiences of responding to critical incidents within school communities. A critical incident is a sudden and distressing event that occurs within a school community to which an EP may respond.

Arrangements made for Disclosures

The disclosure arrangements will be made available to participants at all stages of the project, including the pilot phase. In emails / letters to participants (see attached), the nature of the research will be outlined and informed consent to participate obtained. The potentially sensitive nature of some of the questions will be highlighted and an invitation to contact the researcher in confidence prior to agreement to participate will also be offered.

At the end of the questionnaire or interview, the participant will be informed of the procedure for requesting support. It will be made clear that any requests for support will be treated in confidence by the experienced EP receiving the request. The email contact details of the experienced EP will be provided on the end of the questionnaire.

Initially, the participant should contact the experienced EP via email, providing contact details. The experienced EP will then contact the participant by telephone. Following initial discussion of the issues between the participant and the experienced EP, appropriate next steps will be formulated. This may involve an agreement that the issues have been addressed and no further

action is required; a decision to contact a chosen contact within the participant's educational psychology service; an agreement for the participant to contact an agency outside the educational psychology service for continued support; or another action deemed appropriate by both the experienced EP and the participant.

Appendix 6 –

Email inviting participation

Dear EP,

Thank you very much for your interest in participating in this research. Below is a little bit about me, the research and how you can help.

The research and the researcher

The project will be carried out by me, Matt Beeke as part of my training as an educational psychologist. The research is being supervised by Professor Marjorie Smith and Dr. Karen Majors at the Institute of Education, University of London. It seeks to explore the work of Educational Psychologists (EPs) in response to critical incidents in school communities. There are many different definitions of critical incidents but the following draws together the key features:

‘A sudden and unexpected event that has the potential to overwhelm the coping mechanisms of a whole school or members of the school community. A serious and significant event, it is likely to be outside the range of normal human experience and would be markedly distressing to anyone in or directly involved with the school community.’

This will be explored by collecting questionnaire data from both practicing EPs and Principal Educational Psychologists (PEPs), as well as semi-structured interviews with EPs exploring their work following critical incidents.

What am I asking you to do?

If you agree, I am hoping that you will participate in the research by answering the questions in the online survey. It should take no more than 20 to 30 minutes, and your views will be very valuable. The questionnaire has been designed to allow the participation of practicing EPs whether or not they have been involved in responding to a critical incident. There is no need to provide your name or contact details (unless you would like feedback, or are willing to take part in the second stage of the research), and all information obtained will be treated as confidential and used only for research purposes, and not for any other reason. A small number of people who are willing to be contacted further will be invited to be involved in the interview stage of the research. These participants will be chosen to represent a range of geographical areas and service contexts.

Why am I asking you to do this?

I am interested in the role and practice of EPs in relation to critical incidents, and how well the training of EPs prepares them for work of this potentially sensitive nature. I hope that the outcome of the research will inform and improve training and practice in this area. The project is an important part of my initial training in Educational, Child and Adolescent Psychology at the Institute of Education, University of London.

What will happen to the results?

The findings will contribute to a report as part of my training requirement. I also hope to write a paper for submission to an academic journal relevant to EPs. Information from the questionnaire, including any quotes used, will be anonymised so that no individual, or Educational Psychology Service is identifiable. Given the unique nature of some critical incidents, where appropriate, these will be altered to ensure that anonymity is retained for those involved.

What now?

Should you require any further information prior to your participation, please contact me at mbeeke@ioe.ac.uk

If you have any concerns about this study, contact researchethics@ioe.ac.uk

Please click the 'next' button to continue. By doing so you indicate that you have read the information above and that you are willing to participate in the study.

Appendix 7 –

Consent to participate in questionnaire

Dear _____,

As part of my training as an Educational Psychologist at the Institute of Education, I am carrying out a doctoral research project exploring the work of Educational Psychologists in response to critical incidents in school communities. I am emailing to invite you to participate in my research.

If you agree, I am hoping that you will participate in the research by answering the questions in an online survey. It should take no more than 20 to 30 minutes of your time, and your views will be very valuable. The questionnaire has been designed to be completed by EPs whether or not they have previously been involved in responding to critical incidents. If you are a Trainee EP or Assistant EP you have been contacted in error. I apologise and I ask you NOT to complete the survey.

There is no need to provide your name or contact details (unless you would like feedback, or are willing to take part in the second stage of the research), and all information obtained will be treated as confidential and used only for research purposes, and not for any other reason.

If you have any concerns about this study, contact researchethics@ioe.ac.uk

The link to the online questionnaire for EPs is below.

www.surveymonkey.com/s/criticalincidentsep

With thanks and best wishes,

Matt Beeke (Trainee Educational Psychologist)

Appendix 8 – Interview consent form

Consent Form

If you are willing to take part in the interview process please complete, sign and date the slip below:

I consent to taking part in a semi-structured interview exploring my response and ideas relating to critical incident work in EP practice.

I understand that this interview will be digitally recorded.

I understand that the information provided will be confidential and will be used only for research purposes

I understand that any quotes, or references to particular incidents, if used, will be suitably anonymised, so that no individual, local authority or critical incident is identifiable

I understand that I can withdraw from the interview process at any time without providing a reason.

I am aware that I can request the support of an experienced EP should I feel distressed or that this would be helpful following the interview.

Signed: _____

Name: _____

Date: _____