

Running Head: Critical Incident Response

An invitation to grieve: Reconsidering critical incident responses by support teams in the school setting.

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Abstract:

This paper proposes that consideration could be given to an *invitational* intervention rather than an *expectational* intervention when support personnel respond to a critical incident in schools. Intuitively many practitioners know that it is necessary for guidance/counselling personnel to intervene in schools in and following times of trauma. Most educational authorities in Australia have mandated the formulation of a critical incident intervention plan. This paper defines the term critical incident and then outlines current intervention processes, discussing the efficacy of debriefing interventions. Recent literature suggests that even though it is accepted that a planned intervention is necessary, there is scant evidence as to the effectiveness of debriefing interventions in stemming later symptoms of post traumatic stress disorder. The authors of this paper advocate for an expressive therapy intervention that is *invitational* rather than *expectational*, arguing that not all people respond to trauma in the same way and to expect that they will need to recall and retell what has happened is most likely a dangerous assumption. A model of invitation using Howard Gardner's (1983) multiple intelligences is proposed so that students are *invited* to grieve and understand emotionally what is happening to them following a critical incident.

An invitation to grieve: Reconsidering critical incident responses by support teams in the school setting.

It is now an accepted part of the Australian school planning process that critical incidents are to be acknowledged, the social and emotional implications understood, and that a plan to manage the situation is appropriately enacted in schools (Rowling & Holland, 2000). Rowling and Holland found in a comparative study, that 94% of their sample of Australian schools had a critical incident plan, whereas only 15% of schools in Great Britain had anything similar.

The recent floods and bushfires in Queensland, Victoria and Western Australia and the earthquakes in Christchurch have seen the enactment of many such plans. Sheehan, Marshall, Cahill, Rowling, & Holdsworth, (2000) define a critical incident as any situation faced by members of the school community causing them to experience emotional reactions which have the potential to interfere with their ability to function either at the time the situation arises or later. Many of the comments in this paper are made on the basis of the authors' involvement in critical incident response in Queensland and it is acknowledged that the way in which professionals intervene will vary across states and regions. The authors believe that there is also much in common in schools across the country. Schools everywhere are well placed to provide the support that children require. Stephen Hughes, an experienced guidance counsellor and tertiary educator was recently quoted in the media.

“Schools are vibrant and dynamic communities that are staffed by people who are trained in child and adolescent development, and how to establish safe and inclusive environments that respond to the social, emotional, physical and intellectual needs of students.”

(Hughes, 2010)

Crisis management plans that outline strategies and procedures are no longer insignificant and have become an essential part of every school's day to day management (Kibble, 1999). Effective management of critical incidents can alleviate grief and suffering at the time of the event and, it has been asserted, can prevent long term effects and trauma. The Australian Principals' Association Professional Developmental Council (APAPDC), a youth mental health program, have stated that a prepared pre- incident management plan enables schools to control crisis situations, avoiding additional confusion and stress to a school's community. In Queensland it has been mandated that schools must have a detailed plan as to how they will manage situations (Australian Government, 2009). There has been recognition of a need to identify those individuals who may be emotionally vulnerable or deemed to be at risk following a critical incident within a school community.

Often support people such as school guidance officers, school counsellors and/or school psychologists, from nearby communities play a crucial role in the management of critical incidents. Critical incidents response plans often dictate that principals and staff turn to these support people for advice and guidance during what is acknowledged as a very traumatic time. Questions surround the definition of what constitutes a critical incident and the way in which school guidance officers, counsellors and/or psychologists assist schools to manage behaviour in times of elevated trauma. Questions have also been raised about the timing of a critical incident intervention, the level of support to individuals and groups in the school community. These questions have been made even more complex by a range of social, legal, economic and technological factors which continue to cloud both the academic's and the practitioner's views of the issues and key responsibilities around critical incident interventions.

Definitions

Marshall, Cahill, Rowling, & Holdsworth, (2000) expanded on their previously stated definition stating more specifically that a critical incident includes the accidental death or serious injury or terminal illness of a student or staff member, destruction of part or the whole of the school, major vandalism, the murder of a student or staff member, lost or injured students on an excursion, a hostage situation, student or staff suicide, a sexual assault, a natural or other major disaster in the community. Anyone of these could cause enforced school closure.

Current approaches

Until recently it has been assumed in the literature that critical incidents will have ongoing psychological impacts for all those connected with the incident. Wessely and Deahl, (2003, p. 12) state that some form of debriefing a “one size fits all” approach necessitated a response by employers, under duty of care legislation. Many studies (e.g. Bryant, Harvey, Dang, Sackville & Basten, 1998, have therefore examined the most effective methods of circumventing or dealing with the effects of Post Traumatic Stress Disorder (PTSD) and considerable progress has been reported over the years, particularly in the successful use of Cognitive Behaviour Therapy (CBT) (Bonanno, 2004).

Intervention

Often a prescribed initial part of the crisis intervention process is debriefing. Slaikeu (1990) found that this was a process that sought to assist those who were closely involved in traumatic events. Thompson (2004) went further, stressing both the critical nature of debriefing and the importance of sharing the experience, stating that “debriefing following a crisis or a traumatic event provided structure for individual and group interventions and was critical for working through the grief experience” (p. 196). Debriefing can help people to organise their thoughts, disseminate information, mobilise school and community resources, facilitate screening of those at risk and identify external support services (Thompson, 2004).

Correspondingly, Herbert (1997) determined that debriefing meetings held soon after a critical incident gave children the opportunity to share their feelings and to be comforted, as well as providing an arena that enabled facilitators to clarify the facts, in order to reduce rumours regarding the incident. Facilitators are able in these sessions to acknowledge that the children's reactions and feelings are normal responses to an abnormal situation. They are able to educate children with simple strategies such as deep, slow breathing, relaxation and/or thought stopping. Frequently the children are taught the skill of using distraction to cope with distressing feelings. Importantly during these sessions facilitators are able to identify children who may require additional assistance (Herbert).

Thompson (2004) agreed with Herbert (1997). Both accepted that the efficacy of crisis intervention and stress management may be dependent upon the elapsed time. Thompson concluded that "counselling children very soon after a catastrophic event may reduce some of the symptoms of PTSD [post-traumatic stress disorder]" (p.197) and therefore offered a timeline for debriefing of between 24 and 72 hours after the critical event. Deahl (2000) acknowledged that the earlier, psychological interventions occurred after a traumatic event, the less opportunity there was for the individual to develop disruptive thought patterns or maladaptive behaviours. While Deahl (2000) supported early psychological intervention he also highlighted an important difference between debriefing and psychotherapy. He concluded that while debriefing had "an educational role informing individuals what symptoms they might anticipate following psychological trauma and when and where to seek help", psychotherapy might also be required for those requiring help to restore their mental health (Deahl, 2000, p. 937).

To the contrary, others (Echterling, Presbury & McKee, 2005; Rose, Bisson & Wessely, 2001; 2003, and van Emmerik, Kamphuis, Hulbosch & Emmelkamp, 2002), found no evidence that debriefing promoted recovery from traumatic incidents. Devilly and Cotton

(2004) quote data from random control trials in challenging the effectiveness of the group debriefing processes of Critical Incident Stress Management (CISM) / Critical Incident Stress Debriefing (CISD) processes for individuals and drew attention to the lack of reliable evidence. Much earlier Yule, (1991, cited in Herbert, 1997, p. 13) had cautioned “that given the few evaluative studies of debriefing, and the assumption that individuals will adapt to crises at different rates, care must be exercised before offering debriefing as a panacea to all survivors”. Nevertheless, despite these reservations, the importance and efficacy of debriefing following a critical incident has in the past been widely accepted (Herbert, 1997).

It is apparent now from the literature that the intention by professionals to reduce the later incidence of post traumatic stress disorder cannot be supported by more recent research. Still something needs to be done to assist schools and individuals through what are traumatic times. Recently a Principal of a Brisbane school spoke on radio following a fatal knifing incident at his school. He said, “...parents and children are coming into the school not wanting to speak but wanting to grieve” (ABC, Radio Australia, 11.00 News, 16/2/2010).

The urgent need for guidance officers, school psychologists and school counsellors is therefore to reassess best practice in how we best manage potential trauma in our schools. In order to achieve this, it is necessary to find common threads from all areas of current research. There needs to be a total approach to the intervention that includes both proactive and reactive strategies. Mancini and Bonnanno (2006) proposed such an approach which included six clinical practices, which combine to make a whole and is presented in Table 1 below.

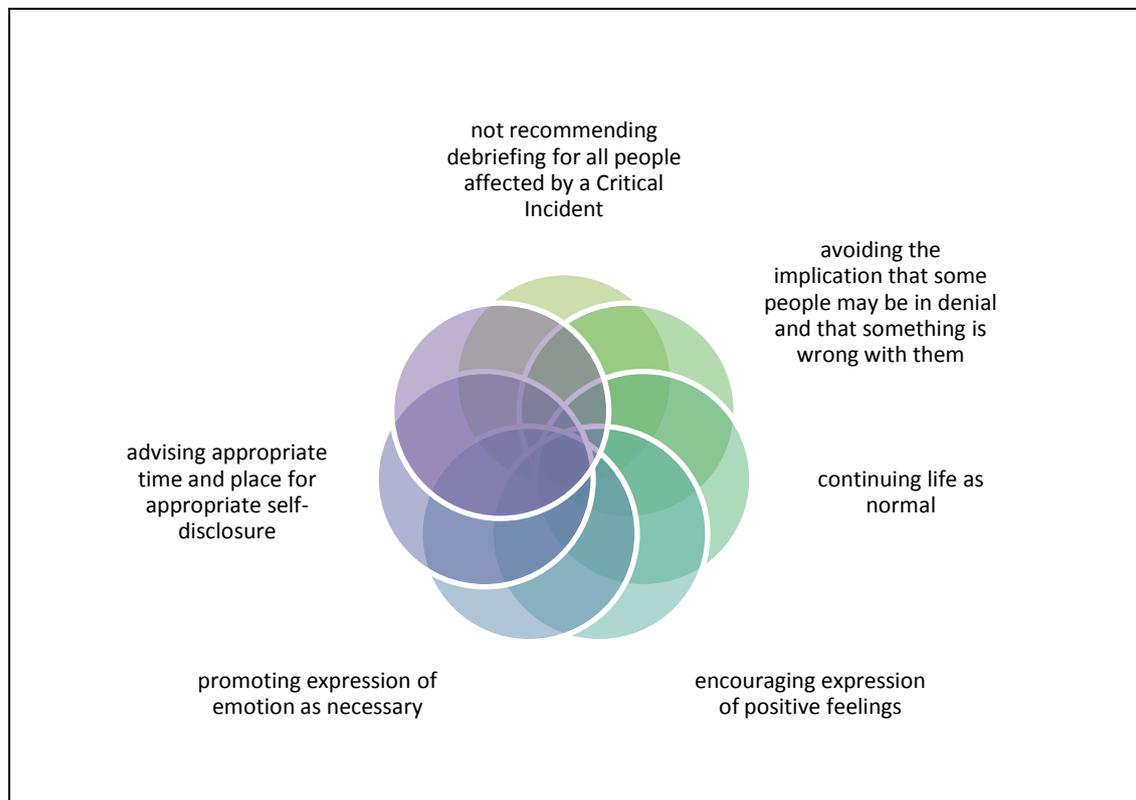


Figure 1: Six clinical practices © Mancini & Bonnanno (2006)

Of particular note in this model is that people involved in critical incidents should be encouraged to express positive feeling and that they should be encouraged to express emotion as necessary. Pearson and Wilson, (2009, p. 50) tell us “... expressive activities such as drawing, role-playing, listening to music and journaling provide a medium for students to express their emotions and heal”.

One approach that seems to be a standard procedure for professionals in critical incident response is the establishment of a recovery room (Mind Matters, n.d.). Even though this is an accepted practice, what happens in the recovery room has not been as well documented in the literature. The term “Recovery Room” has a medical connotation which further clouds its role and purpose. Do professionals in that room take a strategic role in the school’s overall recovery or do they only involve themselves in what goes on in the recovery room? What approaches can be taken by those professionals? Do the professionals expect that the attendees will require debriefing? Do they instigate a debriefing process? Do they take an advice giving role or a role that means they work only with parents? Will they work

with individuals or groups? What could actually take place in the room that is not likely to re-traumatise the individual and is capable of moving from a low level intervention to a much higher level of support? The key questions to be addressed in this paper relate to alternatives to debriefing, what will take place in the room set up for counselling and how the invitational approach will ensure that high levels of support are accompanied by low level intrusions into the client's life.

Another approach is that proposed by Mohay & Forbes (2009) who proposed the use of Psychological First Aid. Psychological First Aid was developed from the work of Hobfoll and others (2007) who had earlier designed five empirically supported intervention principles that the authors proposed should be used to guide and inform professionals at the early to mid-term stage of an intervention. These were promoting: 1) a sense of safety, 2) calming, 3) a sense of self- and community efficacy, 4) connectedness, and 5) the development of a sense of hope for the future..

In the spirit of Mancini and Bonnanno (2006) and Hobfoll et al. (2007), the authors see the counselling room or the provision of Psychological First Aid as a place that invites volunteer clients to attend as they deem necessary, not a place for an *all size fits one* debriefing session. It is not a place where professionals would seek to help people through assumptions about needs or denial but rather would softly ask them to express and explore what they are presently feeling, using a number of available modalities. It is a room that would not ask people to stop and set aside life but rather to attend to the feelings that are being experienced in this particular part of their lives. Pearson and Wilson (2009) advocate the accommodation of diversity by offering choice, using an *invitational* approach and following the clients' process by meeting them where they are. Perhaps we should attend to diversity in counselling in a similar way to that which is used in the classroom. In this way students may if they choose draw, paint, write stories, engage in discussion with peers and

counsellors, listen to and compose music, contemplate, seek to understand the logic of their thoughts or get close to nature. In short, this room could be a room that is set up to explore the clients' emotional state using Gardner's (1983) multiple intelligences.

A multiple Intelligence approach

It has in the past been shown that Gardner's (1983) theory is capable of providing a very useful framework for counsellors as well as teachers: it is a framework that involves the systematic exploration of the client's world through each of the eight intelligences (O'Brien & Burnett, 2000). Insights into the clients' world might not otherwise be adequate to help the clients develop awareness of their own lives and their world around them. The exploration of self, through the framework of multiple intelligences, may kindle a more complete knowledge of what is happening in the clients' world and ignite greater client insights as to how perceptions and emotions may be reframed (O'Brien, 1998).

Gardner (1983) has proposed a model of intelligence that encompasses eight intelligences.. His theory is supported by research from the diverse fields of developmental psychology, anthropology, cognitive psychology, psychometrics, neuropsychology and biographical studies (Gardner, 1983). In the belief that intelligence needs to encompass both the "ability to solve problems [and] to create products that are valued within one or more cultures" (Gardner, 1993, p. xiv) he has redefined current understandings of intelligence. He sees intelligence as being much more than the quantitative factoring of abilities and skills that present definitions of intelligence currently promote.

Gardner's eight intelligences have been explained and somewhat redefined for the use of counsellors by Pearson and Wilson (2009, p. 109). We would like to suggest that each of these intelligences (in the form of work stations) could be explored in the counselling room and will now define each intelligence and suggest activities for each of the intelligences that

could enable individuals or groups to explore emotions and feelings in an *invitational* highly supportive way and within a least intrusive framework.

Verbal linguistic intelligence

Pearson and Wilson (2009, p. 58) see that “the verbal linguistic intelligence is utilized in verbal therapy, expressive writing, journal work, the use of worksheets, and bibliotherapy”. They believe that the verbal linguistic intelligence “is ideal for clients who think and learn through written and spoken words, and have the ability to memorize facts, fill in workbooks, respond to written tasks, and enjoy reading” (p. 58). We would like to include the exploration of poetry in the use of this intelligence. There are also many children’s texts that can be made available for grieving students to read. For younger children these include *Beginnings and Endings with Lifetimes in Between* by Robert Ingpen and Bryan Mellonie and for older children *Tear Soup* by Pat Schweibert. *Chuck DeKlyen* is also useful. *The Kid's Book About Death and Dying* by Eric Rofes is dated but still relevant.

A strategy often used by the authors is that of the cognitive grid to support the development of the narrative process.

Setting	Atmosphere	Hero	Journey	Support	Battle	Ending

Table 1: Narrative composition grid

The process of using the grid is explained to the student who has chosen to work at this station. The students are asked to brainstorm a number of possible settings e.g. mountain, cave beach etc. (usually no more than four) then they are asked to describe the atmosphere which may be one of panic or aggression but in many instances one of the four

options is related to what emotion they are presently experiencing. The student then describes the hero of the story, who may be female, male, or an animal, vegetable or mineral or maybe even an alien. The clients are encouraged to brainstorm a number of reasons to make a journey. It may be to find the meaning of life, a treasure, a wise person and again often one of the four is related to their present situation or emotional turmoil. Next they decide on four possible forms of support, they will need in some type of battle that will test them. Lastly they brainstorm four possible endings - happy, sad, unanswered, or a new way of change or something similar. These should all be done through brainstorming with no judgement about their worth or usefulness. The student is then asked to select one from each column and these selections form the central topic of each paragraph in the story. The child is then encouraged to build on each making a paragraph. The story is crafted over this session or in later sessions if required and when the child is happy with the story, it is read and discussed. Alternative endings may also be explored in an endeavour to assist to client to the knowledge that life is not scripted and alternative scripts can also be written. Sometimes it is prudent to ask how the story relates to the student's life - what is similar and what is different.

Logical mathematical Intelligence

Pearson and Wilson (2009, p. 58) say that the logical mathematical intelligence is where CBT and behaviour modification programs depend to a large extent. These approaches may be most helpful for clients who emphasize the cognitive aspect of their lives, who can think deductively, deal with consequences numbers and recognize patterns. It is particularly suited to teenagers who are beginning to use hypothetical deductive reasoning (Santrock, 2002). The authors have used flow charts and time lines to enable students to sequence events that are on their mind and confusing. It is sometimes useful at this station to ask students to

quantify their feelings giving numbers to represent the otherwise nebulous. Questions such as - How would you rate your feelings of emptiness on a scale of 1-5? How was it earlier in the day? Predict how it will rate this afternoon, tomorrow, next week. Make a tool (graph) to monitor this over the next few days.

A strategy that utilizes the mathematical concept of space is the use of a labyrinth. Sometimes the story of the labyrinth and how Theseus was aided by Ariadne is relayed. If so it is explained that Ariadne provided him with a skein of thread (or the clue), so he could find his way out of the labyrinth again. The students are asked to find their way to the centre of the labyrinth and then to find their way out again. It is useful to talk about the journey into the labyrinth in terms of the feelings that are presently being experienced by the student and the skein of thread as the support system the individual has to find their way out. Discussion can lead to how people can best utilize those support systems.

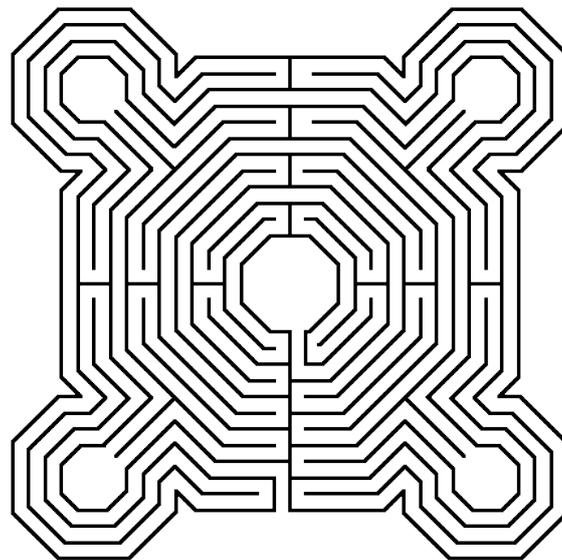


Figure 2: A model of a difficult labyrinth

Musical rhythmical intelligence

Pearson and Wilson, (2009, p. 58) state that "... the musical rhythmical intelligence would be utilized when spontaneous music-making or recorded music is used in therapy. It can be

connected with the kinaesthetic intelligence through dance to rhythms, and to the verbal/linguistic intelligence through the rhythms of poetry in therapy”. They state that the rhythmical musical “... is ideal for clients who can recognize tonal patterns, and environmental sounds, and who learn through rhyme, rhythm and repetition(p.58).”

This workstation could have a variety of musical instruments available, including whistles and perhaps a moog synthesiser and headphones, so as not to disturb others using the recovery room. A CD or DVD player can also be used by individuals to listen to preferred music or selected passages. The support person at this station could be aware of passages of music that interest the clients - have particular energy for the students while listening. These passages can be discussed. We prefer to use pre recorded soundtrack vignettes (2- 3 minutes) of music from major popular movies which are selected because of the variety of moods and emotions that will be evoked while listening to each piece. The clients are asked to listen to a short piece of music and to represent with paint, crayons, and/or pastels, what they are thinking and what they are feeling.



Figure 3: The explosion

The drawing above is the product of a client listening to a short passage of music from James Cameron’s movie *Titanic* and featured in the movie just as the ship strikes the iceberg.

Discussion around this drawing led to expressions of feelings of an explosion, energy being

released and the silence and uncertainty after the explosion had taken place. The client was able to relate this to feelings experienced when being told of the death of a friend who walked out from behind a school bus to be struck by a car.

Interpersonal intelligence

Pearson and Wilson (2009, p. 58) see the interpersonal intelligence as being central to counselling, stating that the “use of the interpersonal intelligence is an important part of developing rapport between a counsellor and client. Almost all approaches to counselling utilize interpersonal connections. The approach of humanistic psychology, developed by Rogers (1951) and others focuses on creating an extremely positive interpersonal connection.” This station requires no more than a few comfortable chairs where people can sit and talk, sometimes with a trained counsellor and sometimes just with peers.

Intrapersonal intelligence

“Intrapersonal intelligence (more widely known as the emotional intelligence is highly utilized in the Expressive Therapies and the psychodynamic approach. A client with a preference for the intra-personal might enjoy and learn through self reflection, participate in meta-cognition and like working alone. Clients in this category may have an enhanced awareness of inner spiritual realities.” (Pearson & Wilson, 2009, p. 59).

This station, like that of the interpersonal intelligence, requires little more than comfortable chairs or cushions to make a quiet spot where people can meditate or grab a bit of space for themselves. It may have a CD player with relaxation music or CDs that have pre-recorded relaxation exercises. The principal author has found it useful to use guided imagery asking the students to relax and begin a journey that takes them to the top of a mountain where they meet a very wise man who whispers a message of comfort or advice

into their ear. It is a message of hope and has ideas about how to cope with what has been going on. The student is then guided down the mountain and offered the chance to discuss the advice or it is left to sit until the individual is ready to discuss further.

Visual spatial intelligence

Pearson and Wilson (2009, p. 58) continue with their definition of the visual spatial intelligence. “Art therapy and the use of drawing, sandplay therapy and symbol work primarily use the visual/spatial intelligence. While a very wide range of clients are able to express and communicate via these modalities, they are particularly useful for clients who can think in and visualize images and pictures, and have the ability to create graphic designs and communicate with diagrams, images and symbols”.

At this station, clients of the recovery room are given access to drawing and painting materials. They can be left to their own devices to create what they like or to move to this spot following a meditation or a guided imagery. Another useful visual prop is a sandtray and figurines where clients can create narratives that help in the understanding of a tragedy that has unfolded. In one instance, one of the authors placed a sandtray and figurines of a policeman and police car, an ambulance, tow-trucks and a few houses and a hospital into a tray in a year one class and watched children visit the sandtray and play through different stages of a car accident in which two class mates had been killed. It was possible to watch different children approach the sandtray when it was available and play with the symbols until they seemed to develop some understanding of what may have happened at the accident scene. They then seemed to have no further need to play with these objects and went on with their classroom work.

Body kinaesthetic intelligence

“The body kinaesthetic intelligence ... suggests ability with sensory awareness and movement. These are utilized in bioenergetics, dance therapy and movement therapy. Clients who enjoy use of these modalities can learn through physical movement and body wisdom, and may have a sense of knowing through body memory” Pearson and Wilson (2009, p. 58)

Sometimes it is necessary to establish this station outside of the recovery room although stations with soft toys, small bean bags, and inflated balloons may be provided inside. Following the death of the school football captain, many team members were reluctant to show any signs of emotion about this unfortunate and unpredicted suicide. The team members were engaged by passing a football around while they remembered the good times with the deceased, the victories and the losses, the friendship and the fun. Other strategies that can be employed include the use of clay, beating and kneading it, using gross muscle to free restricted and blocked feelings.



Figure 4: A coffin made of clay.

During this session the student kneaded and flattened his clay and shaped this coffin. The coffin above was fashioned by a student following the tragic death of a parent. Inside the coffin was a guitar that the client explained was a symbol of the music the two made together when jamming. The client was grateful to be able to put the guitar in the coffin because it

helped him to realise that even though his father had died his and his father's music did not have to die as well.

Natural intelligence

Lastly Pearson and Wilson (2009, p. 59) redefine the naturalist intelligence. They see that the naturalist intelligence "is developed, encouraged and utilized in wilderness experiences, vision quests, and through therapeutic use of relating to pets, for example in equine assisted therapy. This intelligence involves an ability to recognize categories in nature and have an interest in growing things and an affinity with animals".

Natural objects such as shells, stones, flowers and plants can be provided at this station. Sometimes it is enough to make available a large number of natural objects and encourage the student to categorize them giving them space to reconnect with the natural order of nature. It is often necessary to ask the students to go outside of the recovery room to discover objects of natural beauty. An activity that allows students to find strength and beauty within themselves has been designed by Pearson and Nolan (1993, p. 164) entitled "A rock speaks about my problems". In this activity the students are asked to immerse themselves in the shape, texture and colour of a rock found in the environment until they see a picture emerge of something natural. They are asked to consult the rock for solutions to their present problems and then discuss with either a peer or the support person at the station.

Conclusion.

This paper suggests that there may be a need to reassess the way in which school counsellors and school psychologists respond to critical incidents in schools. This paper has asked those who respond to critical incidents to reconsider the debriefing approach and adapt a more *invitational* approach using Gardner's theory of multiple intelligences as a model for

engagement and exploration. It has also proposed strategies to do so. Providing activities that are suited to the students' multiple ways of knowing ensures inclusion and participation from diverse learners. Expanding students' way of knowing by inviting experimentation in other intelligences, challenges students to know more about themselves and their emotions in different ways. This paper has also suggested specific activities in each of the intelligences that could be offered in the recovery room. It has been advocated that professionals who adopt an *invitational* rather than *expectational* approach will create a supportive environment that empowers individuals to explore their thoughts and feelings and in this way be assisted to grieve, if this is what is necessary.

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