A SALUTOGENIC APPROACH
TO THE MANAGEMENT OF CRITICAL INCIDENTS:
AN EXAMINATION OF TEACHERS’ STRESS RESPONSES AND COPIING, AND SCHOOL MANAGEMENT STRATEGIES AND INTERVENTIONS.

COLLEEN ANNE JACKSON

Department of Psychology
Swinburne University of Technology
Hawthorn, Victoria, Australia

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Declaration

I declare that this dissertation is my own account of my research and does not contain work that has been previously submitted for a degree at any institution or for publication, without due acknowledgement.

Colleen A. Jackson
Abstract

This thesis addresses the identification of critical incidents in schools, the factors influencing teachers’ coping, and the implications for crisis intervention and management. An argument is developed that school communities may be best served by a salutogenic (wellness) perspective for crisis response and recovery, which focuses on the personal and collective resources that contribute to successful coping and mental health.

Three aims were addressed. First considered was the potential for commonly occurring events (e.g., the death or injury of a teacher or student, assault, vandalism or damage to school property, professional misconduct on the part of a teacher), to evoke stress, grief, or trauma responses in individuals and organisations. Emphasised was the nature of individual differences in responses to such critical incidents, and ways of dealing effectively with the varying character and intensity of such responses. The second aim was to examine the influence of pre-existing personal wellbeing and resources on individuals’ responses, adjustment and growth after an incident. The third aim was to explore the interface between the individual and the organisation following critical incidents, and the nature and impact of intervention and management strategies on an individual’s sense of wellbeing and ongoing investment within the organisation.

Two related studies investigated the impact of critical incidents on teachers. In Study 1, 245 teachers completed a self-report questionnaire that gathered quantitative data comprising three measures of personality and positive functioning (Psychological Wellbeing & Sense of Coherence), demographic data, and teachers’ previous experience of critical incidents. Teachers also provided an autobiographical account of a personally significant critical incident. Results showed that commonly occurring events, such as
the death of a student or teacher, and other issues such as professional misconduct of a
colleague, professional conflict, theft and vandalism were regarded as critical incidents
by teachers. The four distinct response categories identified (negative feelings, positive
cognitions, negative cognitions, & negative impact on functioning) were
characteristically grief or stress responses rather than those associated with
psychological trauma. Significant relationships were identified among personality
variables and the measures of positive functioning. Extraversion was positively related
to positive functioning, and introversion negatively related. The findings point to
personal and collective issues that have the potential to facilitate and enhance coping
and recovery after a critical incident. In particular, six management strategies (Wellness
Factors), comprising both personal and organisational components, emerged as potential
contributors to ongoing psychological wellbeing, sense of coherence, and posttraumatic
growth outcomes. These Wellness Factors were identified as: (a) emotional and
practical support; (b) active involvement; (c) responding according to individual need;
(d) access to information; (e) readiness; and (f) leadership.

Study 2 involved a more detailed examination of the experience of 30 teachers
following a critical incident subsequent to the completion of Study 1. This study
examined personality, posttraumatic growth and personal trauma history (gathered
through a self-report questionnaire), in conjunction with the pre-event personal
characteristics gathered in Study 1. The second component of Study 2 consisted of a
semi-structured interview that explored the teachers’ personal experiences of the critical
incident. Results revealed that PCI Extraversion showed significant positive
relationships with Psychological Wellbeing and Sense of Coherence. PCI Emotionality
showed a significant negative relationship with PW, and PCI Openness and EPI
Extraversion significant positive relationships with Posttraumatic Growth. Interview
data showed that 22.5% of teachers reported a high incidence of Acute Stress responses (DSM-IV-TR criteria). In addition, anger directed at the school's leadership, and conflict between attending to personal emotional responses and needs, and professional responsibilities were identified. A strong positive relationship was shown between disillusionment with authority and the impact of the event. Strong negative relationships were identified among Extraversion and Openness, and the Wellness factors. Results showed that moderate stress responses are associated with Posttraumatic Growth at a personal level. However, the same responses can evoke disillusionment and cynicism at an organisational level.

The findings are discussed in terms of the personal and organisational factors that contribute to healing and recovery following critical incidents. Implications for critical incident management planning, intervention and recovery are considered, along with directions for future research.
Acknowledgements

It is with pleasure that I acknowledge the assistance and encouragement offered to me in the completion of this thesis.

I am indebted to the Dr Glen Bates for his encouragement and guidance in the supervision of this thesis. Glen’s high standards of professionalism and scholarship were a constant inspiration and challenge, and his good humour, generosity, and enthusiasm combined to make him an excellent supervisor and a much-valued colleague.

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CHAPTER 1

GRIEF AND TRAUMA RESPONSES TO CRITICAL INCIDENTS

Overview: Critical Incidents in Schools

The impact and management of critical incidents is a challenging issue for schools. A critical incident may be appropriately described as an event or circumstance that is sudden, unexpected or untimely (Raphael & Meldrum, 1994), and which “causes normally stable and healthy people to experience strong emotional or psychological distress which has the potential to interfere with their ability to function either at the time of the event or later” (McManus et al., 1990, p.9).

Traditionally, school crisis management has focused on swift, efficient responses to disasters, such as major accidents involving multiple fatalities and/or serious injury, or emergency or threatening situations, such as a fire, explosion, bomb threat, or armed intruder. Where a school is directly affected by such an event, management of the crisis scene, more often than not, is the direct responsibility of an emergency service provider, such as the police, the fire service, or a State Emergency Service. In such situations, the immediate role of schools is predominantly concerned with the management of the organisation and the responses of its staff and students who are not directly involved in the incident.

More recently, definitions of Critical Incidents in schools have been extended to include other large scale events involving death, injury, assault, or misadventure, or events where students or staff witness serious injury or death (Said, 2001; Victoria Department of Education, 1997; Whitla, 1994). Often, due to the sensationalism created by media reports, emphasis has been on the very dramatic and public traumatic events that sometimes confront school communities. As a result, however, the less dramatic,
more commonplace sources of grief and/or trauma that confront schools can be made to seem trivial (Everstine & Everstine, 1993, Jackson, 2001). Such events commonly pass a school community by with barely an acknowledgement, let alone a recognition, that they are potentially stress inducing and warrant careful and considered responses from the school community in order to facilitate healing and optimal school functioning.

Schools are regularly confronted with the deaths or serious injury of students and staff, or parents, siblings and others associated with members of the school community. Clearly, critical incidents may vary in apparent strength and intensity of impact. Yet, the degree of impact, and the value assigned to it, is unique to, and determined by, each individual. Attention to the voracity of individuals’ perceptions of the impact of an event is crucial to crisis response in the school setting. Such attention alerts those responsible for crisis management to the reality that different individuals can be affected quite differently by the same event, depending, in part at least, on their perception of the experience and its impact.

In this thesis an argument is developed that the definition of what constitutes a critical incident in a school needs to be expanded to include the more commonly occurring events which, potentially, can evoke stress, grief or trauma responses in individuals and organisations. This argument emphasises individual differences in responses to critical events, and examines ways of dealing effectively with the varying character and intensity of such responses. Further, this thesis explores current crisis response practice and argues for the development and provision of crisis response models that are suited to the unique and particular needs of the individuals and communities experiencing an event and of the school environment.

Early theories of trauma recognised the impact on direct victims of traumatic events. However, an increasing body of research has elaborated on the experience of
secondary, or vicarious, trauma (e.g., Creamer & O'Donnell, 2002; Figley, 1995b; 2002; Ortlepp & Friedman, 2002; Stamm, 1997, 2002; Valent, 2002). In the school setting, the concept of secondary trauma is particularly pertinent. Although members of school communities are sometimes the direct victims of traumatic incidents, they are more frequently the secondary victims of a tragic event. That is, members of the school community may not have been directly involved in the event, either as primary victims or witnesses. Rather, they are affected, more frequently, as people who were closely associated with the primary victims and who find the circumstances of the event, the loss involved, or the impact on their colleagues or students, particularly distressing. The phenomenon of secondary traumatic stress is considered in this chapter. In particular, the needs of teachers following critical incidents in schools are explored in the course of the thesis, as is the appropriateness of school response mechanisms that have been developed.

Current practice in trauma management is largely based on a pathogenic model that focuses on the potential for sickness unless trauma prevention treatment (such as psychological debriefing) is undertaken (Stuhlmiller & Dunning, 2000). In an alternative salutogenic model, that emphasises wellness rather than pathology, trauma responses are regarded as outward expressions of a healing, restorative process, that set in motion a person’s own internal coping mechanisms. Further, a system’s approach to dealing with traumatic response is proposed to be at least as significant as an individual’s approach, and possibly even more so. In the light of this wellness model, and developments in trauma research, intervention procedures for managing responses to traumatic experiences, such as psychological debriefing and defusing, are now being challenged because the efficacy of such procedures is questionable (e.g., Breslau, 2000; Rick & Briner, 2000; Rose, 2000; Rose & Bisson, 1998; Stuhlmiller & Dunning, 2000;
Violanti, 2000). Moreover, given the nature and scope of critical incidents in schools, and the particular characteristics and needs of students and staff, such procedures may not be appropriate strategies for dealing with critical incident responses in school environments (Jackson, 2001; Jackson & Bates, 1997).

Critical incidents have the potential to evoke immediate responses that include grief, acute stress, and trauma responses. Each of these response categories can be experienced alone or in combination, and along a continuum of strength from negligible or mild, to severe. For example, the death of a student may evoke severe grief responses and some acute stress without the presence of trauma responses. Another incident involving teachers or students witnessing a horrific accident may evoke strong traumatic responses in some individuals, while grief responses may be weaker, or even absent. Post-event symptoms of grief, stress, or trauma responses do not necessarily indicate severe and enduring responses, such as profound grief, Posttraumatic Stress Disorder (PTSD), Acute Stress Disorder (ASD), or Secondary Traumatic Stress. Severe initial responses may be transitory, and, in fact, from the perspective of the wellness model be regarded as an adaptive mechanism.

The nature and range of events now identified as potential critical incidents in schools suggests that while responses of members of school communities to critical incidents may include trauma responses, responses will frequently be more accurately experienced as grief or stress reactions (Gordon, 1995; Jackson & Bates, 1997; Raphael, 1997). Recovery processes that address stress and grief responses, as well as potential trauma responses, and minimise distress and maximise wellbeing, are likely to be of crucial importance in the school environment. All responses, regardless of where they appear along a grief/stress/trauma continuum require appropriate support in the aftermath of a critical incident. This thesis develops the argument that the needs of
teachers, and school communities, following critical incidents, may be best served by a wellness (salutogenic) model which acknowledges a wide range of individual responses and focuses on the personal and collective resources that contribute to successful coping and mental health (Dunning, 1995; Jackson & Bates, 1997).

Two separate, but related, bodies of theory and research related to critical incident management in schools are examined in this thesis: Chapter 1 explores grief and trauma symptoms and responses; and Chapter 2 examines salutogenic (wellness) approaches to trauma management, including the role of organisations in crisis recovery. This chapter examines the common characteristics of, and the differences between, grief and trauma responses. Also considered are individual differences in response to grief and trauma and secondary traumatic stress. This leads to a formulation of a distinction between the tasks of grief and the tasks of trauma and the importance of the distinction of these response groups for the purposes of intervention. The chapter concludes with an examination of the implications of these issues for critical incident response and management in schools.

**Grief and Trauma: Symptoms and Responses**

Historically, grief and trauma responses have been regarded as distinct and independent reactions to vastly different experiences, and as having their own emotional, behavioural, physiological and cognitive manifestations (Davis, 2002; Raphael & Meldrum, 1994; Simpson, 1997). Everstine and Everstine (1993) identified 12 major categories of event that could produce trauma responses: natural disaster; physical assault; sexual assault; property loss; physical loss; violent agency (as in the wilful or accidental cause of death or injury); loss by death; loss of a relationship;
bearing witness to a tragedy; portent of danger (as in being threatened with harm or death); threatened loss; and loss of status.

It is not merely the type of event that produces trauma response, but also the nature of the person’s experience of the event (Diagnostic and Statistical Manual of Mental Disorders, Fourth Text Revision [DSM IV-TR], 2000). The importance of personal perception in traumatic impact and the potential overlap between grief and trauma was acknowledged by Raphael and Meldrum (1994) who identified two categories of traumatic experience: (a) traumatic encounter with death, referring to events where real or perceived threat to life is encountered; and, (b) traumatic loss, referring to sudden and unexpected bereavement, especially where children are involved or where the death is particularly violent or shocking (e.g., anticipated death of a child from cancer). Events such as rape, incest, and destruction of a home or school, may also fall into this category. Depending on the nature of the event, those involved can experience traumatic stress responses, grief responses, or both.

**Individual Differences in Responses to Critical Incidents**

Prevalence rates vary considerably for PTSD, one possible outcome of critical incidents, as shown in Table 1.1 (Breslau, 1998). The broad range of traumatic experiences listed, and the variations in exposure, ranging from direct exposure to indirect or vicarious exposure, serves to illustrate that the effects of traumatic exposure are likely to be determined by a range of factors. Although the prevalence of PTSD outcomes associated with critical incidents in schools is unavailable, it can be assumed that it is significantly lower than the average prevalence rates listed here. Critical incidents in
schools include a wide range of distressing events but only rarely include direct exposure to a traumatic event.

**Table 1.1**

*Prevalence Rates of PTSD according to Traumatic Experience*

<table>
<thead>
<tr>
<th>Traumatic Experience</th>
<th>Prevalence %</th>
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<tr>
<td>Assaultive violence, e.g., rape, shot or stabbed, beaten up</td>
<td>20.9</td>
</tr>
<tr>
<td>Other injury or shocking experience, e.g., car accident, fire, natural disaster, life-threatening illness, witness death or injury of another, finding a dead body</td>
<td>6.1</td>
</tr>
<tr>
<td>Learning of trauma to others e.g., assault, serious injury</td>
<td>2.2</td>
</tr>
<tr>
<td>Sudden or unexpected death of a close friend or relative</td>
<td>14.3</td>
</tr>
<tr>
<td>Any trauma</td>
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The prevalence rates of PTSD listed in Table 1.1 show that exposure to traumatic experience can have deleterious effects on health and wellbeing. However, these figures are also evidence that, even in the event of severe traumatic exposure, large proportions of those affected do not suffer long term posttraumatic consequences. Given that trauma-related events are likely to constitute only a small proportion of critical incidents in schools, the figures also suggest that the widespread use of trauma-specific interventions in school crisis responses may be misplaced.

Research shows that pre-trauma factors, trauma-related factors, and posttrauma factors implicated in the development of chronic traumatic outcomes (Foa & Meadows, 1998). Research findings and understandings of the psychobiology of trauma and stress also point to the importance of recognising individual differences in vulnerability and response to extremely stressful experiences (e.g., Breslau, 1998; Perren-Klingler, 2000; Shalev & Yehuda, 1998; Yehuda, 1998). Yet, definitive explanations of vulnerability to the onset and maintenance of severe and/or chronic posttraumatic reactions remain
elusive. Clearly, biological changes, as well as psychological factors, may account for differences in individual responses to distressing events, whereby some people develop severe reactions and for others the stress response is transitory.

It is acknowledged that traumatic response can affect those who are directly exposed to traumatic experiences. However, a significant body of research now acknowledges that traumatic or stress responses, identified as secondary traumatic stress, may also affect those who support or care for the primary victims, and those who care for the carers (Creamer & O'Donnell, 2002; Figley, 2002; Ortlepp & Friedman, 2002; Stamm, 2002; Valent, 2002).

**Secondary Traumatic Stress**

The phenomenon of the traumatic response in those who support or care for the primary victim of a traumatic experience, has been variously termed ‘countertransference’ (Wilson & Lindy, 1994), ‘compassion fatigue’ (Figley, 1995b), ‘vicarious traumatisation’ (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), and ‘secondary posttraumatic stress’ (Figley, 1995b; 1996; Stamm, 1995). Although these descriptions vary in terms of specific emphases and details, the term ‘secondary traumatic stress’ most broadly describes an outcome a helper may encounter as a result of dealing with others who are traumatised (Stamm, 1997). The transmission of trauma from the primary victim to a helper or supporter occurs due to the supporter’s identification with the victim and his/her suffering. Supporters are confronted with the same questions asked by a primary victim: “What happened and why did it happen?”, “Why did I act as I did - at the time, and now?” and, “If it happened again, could I cope?”. Such efforts to identify with, and support, the victim can generate typical
posttraumatic responses (Figley, 1989). These responses are due to the supporter’s
capacity to visualise the victim’s experience and empathise with it, or exposure to the
victim’s responses. The response is also exacerbated by the experience of being unable
to find relief from the emotional impact or of any sense of satisfaction from supporting
the victim (Figley, 1995).

Both trauma responses and grief responses have been acknowledged as
including a range of feelings, physiological responses, cognitions, and behaviours
(Horne, 1994; Johnson, 1989; Raphael, 1983; Worden, 2002). Historically, however, the
two fields of traumatology (the study of trauma) and thanatology (the study of grief)
have remained largely independent, with traumatologists focusing on trauma mastery
and thanatologists focusing on the accommodation of loss. Whether grief and trauma
were believed to be distinct, or whether similarities were simply not systematically
examined, is unclear. More recently, the similarities and differences between trauma
responses and grief have attracted more critical examination (Fleming & Belanger,
2001; Simpson, 1997).

**Trauma and Grief: Similarities and Differences**

Grief and trauma reactions have been described as “two inextricably intertwined
strands .... ultimately inseparable” (Johnson, 1993, p.482). Most traumatic experiences
are likely to evoke some sense of loss and in many losses there is significant trauma
(Rando, 1997; Raphael, 1986; 1997). For example, a traumatic experience involving a
physical assault can evoke losses around the sense of personal safety, one’s view of the
world, and levels of trust or health. The death of a loved one in a motor accident can
evoke a deep sense of loss as well as trauma responses to the circumstances of the
accident, the manner of the death, or later dealings with law enforcement and legal systems. Rando (1997) identified six factors that are likely to evoke trauma responses in events involving death. These include: suddenness and lack of anticipation; violence, mutilation, or destruction; preventability and/or randomness; loss of a child; multiple death; and the survivor’s encounter with death secondary to a significant threat to survival, the shocking confrontation of death, or mutilation of others. The degree of trauma or grief impact is unique to each incident and each individual experiencing it, and the interconnectedness of grief and trauma responses is often evident.

Current diagnostic systems, however, deal inadequately with the overlay between grief and trauma responses (Raphael, 1997; Simpson, 1997). DSM IV-TR explicitly excludes bereavement – rather, loss and grief reactions are considered in the context of the spectrum of depressive disorders. The tenth edition of the International Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines (ICD-10, 1992) gives little acknowledgement of either grief or trauma (Simpson, 1997). Further, clinical research has identified a range of frequently observed trauma-related psychological problems that are not included in the DSM-IV framework (Pelcovitz et al., 1997; Van der Kolk et al., 1996). Whilst understandings of the psychobiology of trauma are emerging (e.g., Nadel, 2001; Stuhlmiller & Dunning, 2000; Yehuda, 1998), a lack of clarity about the distinctions and the overlap between various crisis reaction categories, especially in the immediate aftermath of a traumatic event, potentially clouds attempts to respond accurately and comprehensively. This thesis examines the similarities and differences among grief and trauma responses and addresses implications for intervention strategies.

Typical grief responses include a range of affective responses, physiological responses, cognitions and behaviours. Affective responses include feelings such as
anger, sadness, intense yearning, numbness and shock, fatigue, guilt. Physiological responses include sleep and appetite disturbances, tightness in the chest or throat, hollowness in the stomach, and a sense of depersonalization. Cognitions include disbelief, confusion, preoccupation, and visual and auditory hallucinations, while behaviours include social withdrawal and avoidance of duties, dreams, crying, avoidance of reminders of the loss or, alternatively, pre-occupation with remembering (Enright & Marwit 2002; Neimeyer, 1998, 2002; Rando, 1993, 1996; Raphael, 1983; Worden, 2002).

Traumatic stress responses typically include symptoms of severe anxiety and anxiety related reactions, depression, sleep disturbance (including nightmares), flashbacks and other intrusive experiences, hyperalertness, restlessness and excessive vigilance, exaggerated startle response, and numbing or avoidance of reminders of the event (Raphael, 1986; Shalev, Yehuda, & McFarlane, 2000; Wilson, Friedman, & Lindy, 2001; Van der Kolk, McFarlane, & Van der Hart, 2002).

Whereas critical review of the relationship between grief and trauma responses has been much neglected, a comparison of trauma responses under DSM-IV-TR’s four symptomatic criteria for PTSD (intrusion, avoidance, arousal, and functioning), with authoritative descriptions of normal grief (Bannano & Kaltman, 1999; Simpson, 1997, Raphael, 1983; Rando, 1984; Nader, 1991), shows that there are, at once, striking similarities and clear differences between the two. These are considered in the following section according to symptom types.

**Intrusion Symptoms**

Table 1.2 outlines some common characteristics and distinctions among the intrusive symptoms of grief and trauma response.
Table 1.2
*Intrusion Symptoms of Grief and Trauma Response: Common Characteristics and Distinctions.*

<table>
<thead>
<tr>
<th>Common Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-occupation, including thoughts of the deceased or the event, recurring memories;</td>
</tr>
<tr>
<td>distressing dreams, nightmares, hallucinations, flashbacks, sense of presence; intense</td>
</tr>
<tr>
<td>psychological distress at cues resembling the person or the circumstances of the death;</td>
</tr>
<tr>
<td>physiological reactions – physical sensations, autonomic reactions, somatic reactions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distinct Trauma Responses</th>
<th>Distinct Grief Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-occupation with the circumstances of the death/event.</td>
<td>Pre-occupation with the person who has died, or the object of the loss.</td>
</tr>
<tr>
<td>Nightmares or dreams of the circumstances of the death.</td>
<td>Nightmares or dreams of the person, or the object of the loss.</td>
</tr>
<tr>
<td>Thoughts that the event is recurring, flashbacks to the circumstances of the event.</td>
<td>Thoughts of the person as if they were still alive or of life as it was before the loss.</td>
</tr>
<tr>
<td>Distress at cues resembling the circumstances of the trauma, or cues resembling affect associated with the traumatic experience.</td>
<td>Relatively minor reminders of the person or object of loss can trigger grief response.</td>
</tr>
</tbody>
</table>

As shown in Table 1.2, distressing intrusive responses that may be common to both grief and trauma reactions include pre-occupying thoughts, memories, and dreams, intense psychological distress and disturbing physiological reactions. However, there are some distinguishing characteristics between the grief and trauma responses groups. The pre-occupying thoughts, nightmares or dreams, flashbacks, and distress at cues resembling the trauma circumstances or response that follow a traumatic experience characteristically focus on the *circumstances* of the event. For example, a person whose loved one has died in a car accident, and who is disturbed by nightmares or distressing pre-occupying thoughts of the horrific injuries sustained by the person who died, is experiencing characteristic trauma responses. Likewise, responses of a person who was
involved in a serious motor accident, and whose pre-occupying or intrusive thoughts revolve around the details of the impact and the experience of thinking her life is about to end, are characteristically trauma responses. Further, distress that occurs at cues resembling the *circumstances* of the critical event, or at affect associated with the actual experience, is also a characteristic trauma response (Raphael, 1997).

In contrast to trauma response, the thoughts, dreams or nightmares, and recurring images and memories that are most characteristic of grief responses commonly focus on the *object* of the loss. For example, a person whose distress following the death of a close friend revolves around vivid memories of the last time they were together and the realisation that a friend is dead, is displaying a response characteristic of grief. Although there are discrete differences in the psychobiology of grief and trauma, such observable distinctions are of crucial importance in the selection of intervention strategies in the immediate aftermath of a critical incident.

*Avoidance Symptoms*

Table 1.3 outlines some common characteristics and distinctions among the avoidance symptoms of grief and trauma response. Common avoidance features of grief and trauma include numbness, feelings of detachment, a restricted range of affect, disbelief, an avoidance of people or places associated with the event or the loss, an inability to comprehend the facts or the enormity of the loss, and a foreshortened sense of the future or sense of purpose. What appears to differentiates the avoidance symptoms of grief from those of trauma is the purpose this avoidance serves, and the mechanism by which it occurs (Raphael, 1997). In grief reactions, avoidance is predominantly an emotional mechanism that generally concerns an avoidance of the reality of the loss, or an avoidance of engaging in the work of facing the painful implications of the loss. For example, a person whose avoidance responses are
characteristically grief responses may determinedly hold on to the hope that the deceased will return home, in spite of clear fact that her is dead. Similarly, the avoidance of grief may involve an avoidance of facing the pain of the loss.

Table 1.3

Avoidance Symptoms of Grief and Trauma Response: Common Characteristics and Distinctions

<table>
<thead>
<tr>
<th>Common Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance of thoughts, feelings, conversation about the event/loss, physical proximity to the place of the event, people associated with the trauma/loss, or other painful reminders; numbness, disbelief, inability to comprehend the facts of the trauma/loss or that it happened at all, confusion, forgetting; loss of interest in normal activities and relationships; feelings of detachment from others and/or self; restricted range of affect across a range of relationships and responses, or extreme outpouring of grief and/or distress; sense of foreshortened future for self or others, loss of sense of purpose.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distinct Trauma Responses</th>
<th>Distinct Grief Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance serves to screen out reminders of the circumstances of the trauma or affect related to the trauma.</td>
<td>Avoidance of the reality of the impact of the loss of the person or object</td>
</tr>
<tr>
<td>Avoiding the trauma work required to adjust to the circumstances of the experience or affect related to the experience.</td>
<td>Avoiding the grief work required to adjust to the loss.</td>
</tr>
</tbody>
</table>

Avoidance reactions associated with trauma, on the other hand, have their origins in a distinct psychobiological process that serves to screen out reminders of the event that trigger distressing emotional and physiological responses. In particular, the avoidance that is characteristic of trauma response is focused on the actual circumstances of the traumatic event. For example, a person may avoid a particular stretch of road on which his or her accident occurred because reminders of the event trigger unpleasant intrusions or physiological reactions just like those that occurred at the time. Likewise, a person may avoid classical music because this was the music that
was playing on the radio at the time of the accident, or refuse to go into a bank because he or she was threatened in a bank hold-up to avoid experiencing strong physiological and emotional reactions.

Although the avoidance mechanisms of both grief and trauma are potentially adaptive, a consideration of the tasks of grief and the tasks of trauma, later in this chapter, will suggest that identification of discrete grief and trauma avoidance reactions is vital to appropriate intervention.

*Arousal Symptoms*

Table 1.4 outlines some common characteristics and distinctions among the arousal symptoms of grief and trauma.

**Table 1.4**
*Arousal Symptoms of Grief and Trauma Response: Common Characteristics and Differences*

<table>
<thead>
<tr>
<th>Common Characteristics</th>
<th>Distinct Trauma Responses</th>
<th>Distinct Grief Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep disturbance – difficulty in falling or staying asleep; irritability, anger outbursts, hostility to others; difficulty with concentration or organisation; restlessness, anxiety, insecurity, agitation.</td>
<td>Hypervigilance, exaggerated startle response – heightened physical arousal and extreme alertness to further trauma or reminders of the trauma.</td>
<td>Dulled physical and emotional response.</td>
</tr>
<tr>
<td>Heightened sense of possible threat to self or loved ones.</td>
<td>Awareness of one’s own mortality, fear of dying, sense of personal vulnerability.</td>
<td>Intense sadness, yearning.</td>
</tr>
</tbody>
</table>

As shown in Table 1.4, arousal symptoms commonly associated with both grief and trauma response can include sleep disturbance, irritability, difficulties with concentration and organisation, insecurity, anxiety, and emotional outbursts. Research
has shown that high levels of arousal following bereavement are rare (Raphael, 1997). Where arousal is present in grief, the distinctions from trauma responses may be found in the purpose this arousal serves, and the mechanism by which it occurs. The heightened arousal associated with grief appears to be typically associated with an emotional response to the enormity of the loss and its impact. For example, a person whose loved one has died in violent circumstances may experience disturbing and prolonged sleeplessness that focuses on a profound sense of loss and incapacity to comprehend life without the person. On the other hand, the same person may experience sleeplessness that is triggered by recurring images of the circumstances of the death and the horrendous injuries sustained. This sleeplessness is characteristically a trauma response.

In certain respects, the nature of the arousal differs significantly according to the response group. For example, the person who has experienced the car accident described above may experience hypervigilance and heightened startle responses, ever alert to the possibility of further threat or to reminders of the event. This heightened arousal is generally associated with trauma, and is a psychobiological response that serves to limit unpleasant emotional and physiological consequences of memories associated with the traumatic event. Similarly, *dulled* physical and emotional responses, and dissociation, can also serve to limit unpleasant emotional and physiological consequences of memories associated with the traumatic event. The dulled physical and emotional responses that are more characteristic of grief, on the other hand, are typically concerned with a sense of being overwhelmed emotionally by the enormity of the loss and its implications for the life of the griever. In general, the arousal symptoms of the trauma serve to *limit* the experience of intense emotions and physiological responses.
triggered by memories of the event. Whereas, the arousal responses of grief are associated with an intensified experience of the emotional impact of the loss.

**Impaired Functioning Responses**

Aspects of the fourth DSM-IV-TR criteria, which identifies impaired functioning and distress, could be said to be largely common to both trauma and grief responses. In both response groups, the intrusive, avoidance and arousal may contribute to a diminished capacity to function effectively and adaptively. For example, an individual’s responses to a critical incident may diminish his or her capacity to work effectively, to socialise, to engage in normal daily responsibilities, or to adapt to the new reality of his or her life. In the immediate aftermath of a critical incident, impaired functioning could be regarded as an adaptive response to a profound experience. However, a prolonged and intensely maladaptive response, in terms of functioning, after the initial response, can be a helpful indicator of heightened intrusive, avoidance or arousal responses.

**Empirical Comparisons of Grief and Trauma**

It can reasonably be argued that the common ground occupied by grief and trauma is greater than previous definitions have suggested. Parallels with grief responses can be identified in each of posttraumatic symptomatic criteria. Although there are important differences between grief and trauma responses, trauma responses appear to be distinguished from grief responses by the focus of the response – the purpose the response serves, and the mechanism by which it occurs. In the case of trauma, focus is typically on the circumstances of the trauma, including life threat, and witnessing death or injury. Whereas, in the case of grief, focus is on the loss itself – on
the person or the object of the loss. Although few studies have directly examined the interrelationship of grief and trauma, there is some support for this distinction in the literature (Raphael, 1997). In a study of school aged children following a sniper attack at school Pynoos, Nader, & Frederick (1987) found that the level of posttraumatic stress reaction in the children was highly correlated with threat to life and witnessing injury or death, whereas grief and adjustment reactions correlated with the loss of a significant other.

Other studies have shown that traumatic bereavement, including sudden unanticipated loss, and losses involving distressing and traumatic circumstances (e.g., death by suicide, homicide, or accident), is associated with higher risk of adverse health outcomes, including generalised anxiety, phobic anxiety, self-reproach, feelings of abandonment, painful intrusive memories, and obsessive-compulsive symptoms (Raphael, 1997).

Those studies that have examined the psychobiology of trauma have unearthed unique aspects of the etiology of trauma responses (e.g., Boscarino, 1996; McFarlane, Atkinson & Yehuda, 1997; Nadel, 2002; Southwick & Yehuda, 1997; Yehuda, 1997; van der Kolk, Burbridge, & Suzuki, 1997; van der Kolk, 1998). Although the detail of these findings is not the focus of this thesis, they throw important light on the distinctions between trauma and grief, and by implication, on approaches to intervention.

As suggested above, trauma responses may emanate from distinct psychobiological processes, and point to the need for distinct interventions. For example, studies suggest that where traumatic stress effects and grief effects occur concurrently, some unique trauma effects need to be dealt with before specific grief effects can be addressed (Raphael, 1997). Effective intervention is therefore contingent
upon clarity of understanding of the distinct nature of trauma and grief responses and
the capacity to identify these in post-event responses. Raphael (1997) emphasised the
need for further research to help elaborate on the factors contributing to the interactions
between grief and trauma, including the specificity of stressors, cognitive phenomena,
affect, the nature and occurrence of triggers, avoidance and arousal phenomena,
pathophysiology, sleep, and observable signs.

Explanations for the degree of impact after exposure to traumatic events, and the
causes of, or contributors to, this traumatic impact, are clearly complex and
multifaceted, and ongoing research is imperative. At the same time, theorists and
practitioners alike are confronted with the challenge of understanding what tasks need to
be addressed in order to assist those who have been exposed to traumatic experiences to
maintain or regain a sense of personal wellbeing.

The Tasks of Grief and Trauma

The tasks of grief are well established the literature (Rando, 1997; Worden, 2002). These tasks are intended in point to successful resolution and integration of the
grief. However, traumatologists have been slower to elaborate on the tasks of trauma
that can lead to successful adjustment. Table 1.5 summarises the tasks of grief as
presented by Worden (2002), and the six ‘R’ processes of mourning as presented by
Rando (1997). In both instances the identified tasks provide a guide to grieving
individuals and to those supporting them, to a path towards healing.

As shown in Table 1.5, the tasks of grief, as presented by Rando (1997) and
Worden (2002), point to a process that progresses from an acceptance that the loss (or
event) is a reality, through a process of allowing oneself to recognise and experience the
pain of the loss and its implications for the future. Attempts to avoid the impact of the loss, and the experience of the ensuing pain, can be maladaptive and inhibit the resolution of grief (Worden, 2002). Neimeyer (2002) argues that loss needs to be faced so that the person can reorganise and adapt his or her life story in such a way that continuity is developed and maintained between past events, the current experience, and the future.

Table 1.5
*Rando’s Tasks of Mourning (1997) and Worden’s Tasks of Grief (2002)*

<table>
<thead>
<tr>
<th>Six ‘R’ Processes of Mourning</th>
<th>Tasks of Grief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise the loss</td>
<td>Accept the reality of the loss</td>
</tr>
<tr>
<td>React to the separation</td>
<td>Experience the pain</td>
</tr>
<tr>
<td>Recollect and reexperience</td>
<td></td>
</tr>
<tr>
<td>Relinquish old attachments</td>
<td>Adjust to the new reality</td>
</tr>
<tr>
<td>and the deceased and the old assumption world. Readjust to move adaptively into the new world without forgetting the old</td>
<td></td>
</tr>
<tr>
<td>Re-invest energy back into life</td>
<td>Re-invest energy back into life</td>
</tr>
</tbody>
</table>

The tasks of *trauma*, however, have not been similarly articulated. On the basis of the literature on current understandings of trauma response, the tasks of trauma can be formulated. Table 1.6 proposes six tasks of trauma work for individuals. These proposed tasks are intended to parallel the tasks of grief, as proposed by Rando’s six “R’s” of mourning, and seek to identify tasks that point to a normal process of adjustment and adaptation that includes the integration of the trauma experience and a return to healthy functioning.
Table 1.6
The Tasks of Trauma Paralleled with the Six ‘R’s’ of Mourning

<table>
<thead>
<tr>
<th>Six ‘R’s’ of Mourning</th>
<th>Tasks of Trauma Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise</td>
<td>Regain Control – regain sense of control and mastery over circumstances (safety and security). Clarify the Facts</td>
</tr>
<tr>
<td>React</td>
<td>Acknowledge the Impact and Mobilise Coping – recognise the personal impact, relate traumatic reaction to the event, and mobilise personal and collective coping resources.</td>
</tr>
<tr>
<td>Recollect and Reexperience</td>
<td>Integrate the Memories - integrate sensory memories and limit intrusion and interruption.</td>
</tr>
<tr>
<td>Relinquish and Readjust</td>
<td>Adapt Life Story – incorporate the event, regain sense of meaning and purpose encompassing self, others and the future.</td>
</tr>
<tr>
<td>Reinvest</td>
<td>Reinvest Energy – bring the event to closure and resume healthy functioning.</td>
</tr>
</tbody>
</table>

As shown in Table 1.6, the first task of trauma is concerned with supporting a traumatised person to regain a sense of safety, security and control. The first task of grief emphasises the recognition of the reality of the loss, without which progression towards integration and adaptation is not possible. Similarly, the second task of trauma, is concerned with supporting the affected person to clarify the facts and form a coherent and comprehensible account of the event. From this point, the tasks of grief and trauma diverge in emphasis. The second and third tasks of grief emphasise the experience of the emotional response of the griever. They engage a grieving person in a process of experiencing the pain of a loss in order to move through it. A grieving person is encouraged to feel the pain by recollecting and reexperiencing the deceased or the object of the loss. The third and fourth tasks of trauma, on the other hand, are more
concerned with *mobilising* coping resources, *limiting* emotional response, and *integrating* the experience. Studies of the psychobiology of trauma suggest that undue reexperiencing of the impact of a traumatic event can reactivate the trauma and, rather than facilitating healing, may in fact be harmful (Nader, 2001). In order to facilitate adaptation to a traumatic experience, these tasks of trauma seek to help a victim acknowledge the relationship between personal reaction and the event, limit intrusion and interruption, and integrate the memories. The emphasis in these tasks is more cognitive than emotional – a recognition of the link between the experience and the ensuing emotional, physiological and functional responses is sought. The third task highlights the importance of mobilising personal and collective coping resources, whilst the fourth task emphasises strategies that enhance the individual’s capacity to limit or eliminate disruptive intrusions and interruptions.

The fourth and fifth tasks of grief and the fifth and sixth tasks of trauma again converge, with emphases on adjustment to the new life reality. The fourth task of grief emphasises the relinquishment of old attachments to the object of the loss and to the old assumptive world, and adjustment and adaptation to the new reality whilst not forgetting the old. The fifth task of trauma concerns the adoption a meaningful life story that incorporates the experience. This task emphasises the adaptation of the victim’s life story to incorporate the event and regain a sense of meaning and purpose, encompassing self, others and the future. The final tasks of both grief and trauma concern a focus on the reinvestment of energy back into life and the resumption of healthy functioning.

Stroebe and Schut (2002) highlight the importance of meaning-making in grief and trauma resolution. They argue the need for oscillation between loss orientation (i.e., processing of the losses associated with a bereavement or trauma) and restoration orientation (i.e., focus on distraction from the grief and attention to new possibilities
and life changes) for healthy adaptation to loss. Their work emphasises the dynamic and fluctuating nature of grief and the notion that grief and loss reactions are dependent on the meaning assigned to the loss. There is no one or correct path to adaptation to and resolution of loss.

Exposure to extreme trauma which leads to an outcome of PTSD is clearly an extremely complex process (McFarlane & Yehuda, 2000) and cannot simply be addressed by attention to the tasks as described above. Yet, in the main, response strategies and support mechanisms for those affected by a traumatic event must include the possibility that any single event can evoke grief, trauma responses, or both. Further, it is vital that interventions do no harm. Therefore, it is imperative that those charged with supporting or treating individuals who are affected by critical incidents are able to assess the nature of the impact and determine appropriate support strategies and treatments.

A consideration of the tasks of organisations in helping facilitate recovery of individuals, and the organisation as a collective, after loss or trauma is integral to the recovery process. The role of organisations is discussed in Chapter 2.

**The Nature of Crisis Response in the School Setting**

In the school setting, teachers can be affected by a wide range of critical incidents. This impact can be by way of direct exposure to the traumatic incident, or by way of teachers’ contacts with students or colleagues who are themselves the primary victims. By virtue of their role in supporting colleagues and students in times of crisis, teachers are particularly vulnerable to becoming secondary victims of traumatic events that have affected one or more members of their school community.
Teaching, of its nature, demands a capacity to empathise with one’s students. Teachers expect that teaching is about nurturing growth – they do not expect to encounter death or suffering in the course of their relationships with their students, nor to deal with the intense emotional pain encountered by traumatised or grieving young people (Jackson & Bates, 1997). Teachers can be particularly vulnerable when exposed to traumatised children. When confronted with students, especially children or young people, who are hurting, a teacher’s capacity to empathise can generate an intense identification with the other’s pain, and a desire to act to ameliorate the suffering (Jackson & Bates, 1997).

Teachers are frequently confronted with the added challenge of understanding and responding to the unique responses of children who are experiencing grief and/or trauma responses. Children’s and adolescents’ responses to grief or trauma typically vary according to their developmental maturity and the nature, severity and course of the trauma response (Nadel, 2002; Pynoos & Nader, 1993; Pynoos, Steinberg & Goenjian, 1996; Sandoval, 2002; Silverman & La Greca, 2002; Stevenson, 2002). When grief and trauma responses are both present, the grief process may be complicated by the traumatic elements of the experience and surrounding issues (Pynoos & Nader, 1992; 1993). These complex responses influence relationships with peers, family and teachers and will inevitably challenge teachers whose training does not generally equip them to deal with such events or responses.

Research has shown a positive correlation between parent distress and child distress following traumatic experiences (Pynoos, Steinberg & Goenjian, 1996). These findings have particular application in the school setting as teachers, being also significant adult others in the lives of children, must limit any outward expression of their own distress in order to maximise the wellbeing and recovery of the children in
their care. Consistent with Figley’s model of secondary traumatic stress (1989), teachers may be particularly vulnerable to secondary traumatic stress. If a teacher is exposed to the stress of responding to a traumatised child or colleague for a prolonged period, or if there is an absence of a sense of achievement or satisfaction in reducing that suffering, it can become difficult to distance him/herself from the suffering of the student or colleague.

The death or injury of a colleague can also have an enormous impact on teachers, especially if this occurs in the course of the individual’s duty. Such events are almost always premature or unexpected, and can confront colleagues with the fragility of their own lives and the potential impact on family and friends.

In a qualitative study, Jackson & Bates (1997) examined teachers’ stress responses and coping strategies, and school management processes following the death of a student or colleague. The study showed that even relatively commonly occurring events, involving the death of a student or teacher, can have a high impact on teachers. Across cognitive, emotional, physiological, and functional domains, teachers’ stress responses were high, being more characteristically stress/grief responses than trauma responses. Sudden deaths were shown to be particularly stressful - 87.5% of teachers describing the death of a student or colleague reported severe or high stress responses. These findings are consistent with the concept of traumatic loss as proposed by Raphael and Meldrum (1994) described earlier in this chapter.

*Management Practices for Critical Incidents*

In the Australian school context Critical Incident Management Plans (CIMP) have emphasised crisis response and management, including evacuation procedures,
media management, collation and dissemination of relevant crisis information, identification and treatment of affected individuals, and organisational issues concerned with establishing rapid return to normal routines. However, despite current understandings of the distinct characteristics and unique intervention requirements of grief and trauma, these are not clearly reflected in school critical incident response guidelines (e.g., Department of Education, Employment and Training, Victoria, 1997; Johnson, Casey, Ertl, Everly, & Mitchell, 1999; Said, 2001). Further, the organisational or collective dimensions of trauma recovery are largely ignored. Critical Incident Management Plans emphasise the management of individual responses, regarding post-critical incident stress responses, largely, as an individual problem, requiring individual attention. Yet, the current literature shows that the impact of a critical incident on the organisation as a collective can have significant bearing on the collective health, wellbeing and functioning of an organisation. In the main, schools could be said to have had inadequate awareness of the responsibility they carry for the ongoing recovery of the organisation as a collective, or of the consequences for the organisation if they fail to do so.

Critical Incident Management Plans in schools have been, largely, the province of systems, rather than individual schools, and have been modelled on responses to major disasters or emergencies emanating from the USA (e.g., Lovre, 1999; 2000). In the government education systems in Australia, for example, response mechanisms are generally the province of district school guidance services, whose professional services are mobilised to support affected staff, students, and parents when a school is affected by a critical incident. However, any assumption that specialist intervention is essential to facilitate resolution may under-estimate the important role that members of the
affected community play in facilitating the recovery of individuals and the organisation as a whole.

At the time the current study commenced, the Catholic school system in Tasmania had no systematic policy on critical incident response. Critical incident planning and response was largely school based, with individual school principals assuming varying degrees of responsibility for critical incident management planning, and for determining the nature and extent of responses to any given event, including the mobilisation of professional support.

In recent times, individual schools have been encouraged by education authorities to take responsibility for developing CIMP’s that acknowledge the unique characteristics of their particular school community and signify school ownership of crisis management. For example, the Catholic school system in Tasmania has issued a generic CIMP (Jackson, 2000) to every school in the system and encouraged school leadership personnel to initiate a revue of the document and to adapt it to suit the unique character and needs of each individual school community. School personnel are trained to provide grief and trauma support and to initiate and maintain school response mechanisms, and networks of professional support are identified for mobilisation where necessary.

In the past many school CIMP plans have been based on the same pathogenic models used by other organisations, for example, the emergency services (Johnson, 1999). More recently, theoreticians and practitioners alike have begun to review school response models, question previous assumptions about response strategies, become more aware of the range and intensity of impact of traumatic experience, and provide new insights into crisis management and response strategies in schools (Jackson, 2001; Johnson, 2001; Nadel, 2002; Pynoos & Nader, 1993; Sandoval, 2002).
Summary

In summary, critical incidents in schools have the potential to evoke a wide range of grief and traumatic stress responses in teachers. Current understandings of critical incidents recognise that not only do large-scale events, such as disasters, emergencies, and other situations involving extreme threat, warrant crisis intervention and management. Smaller scale events, such as the death or serious injury of a student or teacher, also evoke strong responses and may require considered care to ensure that those affected can resume normal functioning as soon as possible.

Teachers can be particularly vulnerable to secondary traumatic stress responses given their unique role in responding to students in their care. When teachers are dealing simultaneously with their personal responses to a critical incident and with their students who may be traumatised or grieving, the degree to which teachers are supported may impact not only on their own recovery but also on the recovery of the students in their care.

A recognition of the nature of grief and trauma, and in particular, of the complexities of responses to exposure to critical incidents poses important challenges to those invested with the care of schools, and in particular, with the management of critical incidents in schools. Both grief and trauma are multidimensional, involving psychological, environmental and biological processes, and have the capacity to evoke powerful, and sometimes enduring, impact. Although there is considerable overlap between grief and trauma responses, the distinctive characteristics of grief and trauma require careful and accurate identification to ensure that appropriate interventions are implemented.
Following critical incidents in schools, response and management processes that can minimise distress and maximise wellbeing are likely to very important to a school community. Teachers may be best served, both personally and professionally, by a wellness (salutogenic) model which focuses on the personal and collective resources that contribute to successful coping and mental health (Stuhlmiller & Dunning, 2000; Jackson & Bates, 1997). Chapter 2 presents a discussion of a wellness (salutogenic) model, including the salutogenic concepts of sense of coherence, psychological wellbeing, and posttraumatic growth, individual differences in traumatic impact and coping, and the role of organisations in crisis recovery.
CHAPTER 2
SALUTOGENESIS: A MODEL FOR CRISIS MANAGEMENT

In recent times salutogenesis - the psychosocial factors involved in health – has emerged as a perspective with important implications for intervention following critical incidents. The salutogenic model suggests that the outcome of exposure to trauma is not pre-ordained traumatic stress, but that traumatic experience can also have salutary outcomes (Everstine & Everstine, 1993). For instance, a man who has experienced a traumatic event may re-evaluate his relationship with his family and resolve to spend more time with them in the future, or a woman who has received support at work following a trauma may gain a greater appreciation of her colleagues. Salutogenic models regard trauma response as a healing process – a response pattern that seeks to restore equilibrium – and are concerned with overall mental health (Antonovsky, 1993). Also, they give consideration to the collective strengths within the family and/or the work group, as well as to individual characteristics (Antonovsky & Sourani, 1988; Everstine & Everstine, 1993; Dunning, 1995). Trauma responses serve to protect from further injury (just as swelling and pain serve to discourage further use of, and therefore further damage to, a broken arm).

Salutogenic approaches focus on the resources and strategies, both personal and collective, that lead to health and wellbeing (Davis, 2002). By defining trauma responses as healthy, restorative reactions to a traumatic event, the route to treatment is transformed. A salutogenic approach to health is concerned with coping as well as stressors, salutary factors as well as risk factors, health as well as vulnerability, and wellness as well as illness. Antonovsky (1987) suggests that a salutogenic model of
coping and mental health focuses on the cultural, social and personal resources that contribute to successful coping and mental health.

Salutogenesis is related to several well-documented personal characteristics or constructs that are said to contribute to coping and health, including self-efficacy (Bandura, 1977), hardiness (Kobasa, 1979; Kobasa, Maddi, & Kahn, 1982), locus of control (Rotter, 1966), along with sense of coherence (Antonovsky, 1979) and psychological wellbeing (Ryff, 1989). Each of these constructs, described as salutogenic strengths, point to psychological explanations for successful coping amidst stress and the maintenance of, or return to, health (Antonovsky, 1990c).

Salutogenesis contrasts more common pathogenic approaches to traumatic experience. Although both pathogenic and salutogenic approaches may ultimately aim to lead a victim to trauma resolution and eventual mental health, the two approaches are fundamentally different in focus and process. Pathogenic models often regard the trauma response as maladaptive, or as pointing to a disease or a disorder, implying a potential breakdown of the personality (Everstine & Everstine, 1993, Stuhlmiller & Dunning, 2000) and are alert to the potential outcome of illness, as in, for example, a diagnosis of Post Traumatic Stress Disorder (PTSD). Pathogenic models focus on the more immediate problem of the individual and on appropriate therapy – they seek to identify evidence of traumatic response, identify causes and mediators, risk factors, and activate appropriate treatment. This thesis argues that, in the school context, the needs of a school community following a critical incident may be best served by a salutogenic model.

Schools can ill-afford to focus their attentions on the very small percentage of individuals who may go on to develop serious trauma-related illness. The previous chapter showed that whilst the incidence of traumatic response immediately following a
traumatic event may be high, only a small percentage of those exposed to traumatic events go on to develop PTSD. In a school community, the health and wellbeing of teachers following a traumatic event will be integral to the recovery and return to effective functioning of the school as a unit and of the individuals within it. If management responses to critical incidents in schools are to facilitate the recovery of all members of the school community, approaches need to be based on a model that attends to the whole person and to the whole community, as well as to specific individuals. This requires a response that attends to all members of the community who suffer any stress responses. Such a response acts to maximise any salutary effects of the traumatic incident, and facilitate the healing of both individuals and the school as a collective.

Salutogenic models of response to trauma imply that emotional health is more than simply the absence of illness. They seek to emphasise wellbeing by enhancing and mobilising positive coping qualities already available to those affected by the trauma. In the context of traumatic experience, sense of coherence, a concept described by Antonovsky (1987, 1990a), provides a useful conceptualisation of salutogenesis. This is a valuable explanatory framework that raises important issues for consideration in facilitating restoration, healing, and wellbeing following trauma.

Sense of Coherence

Antonovsky (1987, 1990a) proposed that a personal orientation called sense of coherence (SOC) - a way of making sense of the world - is a key factor in determining the way in which a person copes with stress and remains healthy. Sense of coherence is defined (Antonovsky, 1987, p.19) as:

“… a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from
one’s internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement”.

These three components of SOC were called, respectively, comprehensibility, manageability, and meaningfulness. Antonovsky (1990b, 1996a, 1996b) argues that SOC is a global orientation - a dispositional orientation - rather than a response to specific situations. SOC is held to become stable in early adulthood, and is only likely to alter if new life experiences vary dramatically from the previous patterns that determined this SOC. Further, the three components of SOC - manageability, comprehensibility, and meaningfulness - are not measured as separate components. They are described as inextricably intertwined yet theoretically distinguishable, and empirically inseparable (Antonovsky, 1987).

Antonovsky (1990a) suggests that, of the three components, meaningfulness is the most crucial. Meaningfulness is the motivational component and without it, high comprehensibility and manageability are likely to be transient. Searching for meaning in difficult life events has been described as an adaptive process. Janoff-Bulman & Frieze (1985) suggest that attempting to find meaning and establish control are the attempts of victims of trauma to rebuild assumptions about themselves and their world that were shattered by the traumatic experience. In a study of women who had been victims of father-daughter incest, finding meaning in the experience was associated with fewer recurrent, intrusive, disruptive and upsetting ruminations about the event, and lower levels of psychological distress, social functioning, self-esteem and self-reported resolution of the event (Silver, Boon, & Stones, 1983).

SOC is described as a major explanatory construct in the maintenance and improvement of health (Antonovsky, 1990c). The stronger a person’s SOC, the more
the likelihood that the person will clarify and assess a particular stressful situation, consider that the resources needed to successfully cope are available to him/her (i.e., both personal resources, as well as those available from the external environment), select the resources that are perceived to be appropriate to that specific situation, and be open to feedback that allows for modifying behaviour to suit (Antonovsky, 1990b). The person with a strong SOC consistently perceives that any given stressful situation is understandable, that the resources are available to meet the demands of the situation and cope well, and that it is actually worth the effort of attempting to meet the presenting challenge. In contrast, a person with a weak SOC is likely to be confused by the nature of any given stressor, unsure of the availability of suitable resources or the capacity to activate them, and tends to avoid meeting the challenge that the situation presents.

Studies have found that SOC is inversely related to chronic stress and personal stress (Wolff & Ratner, 1999), anxiety and depression (Edwards & Besseling, 2001), and PTSD symptoms following a trauma (Frommberger et al., 1999; Racklin, 1999). Positive relationships have been established between SOC and adjustment following a trauma (Lustig, Rosenthal, Strauser, & Haynes, 2000), psychological wellbeing (Pallant & Lae, 2002; Wissing & van Eeden, 2002) and personality (Frommberger et al., 1999; Ruiselova, 2000), whilst SOC was shown to have a buffering effect between adverse experiences and psychological wellbeing (Gana, 2001).

Antonovsky (1990b) acknowledges that throughout life people bear varying degrees of stressors that are potentially pathogenic, that is, illness inducing. However, many of the same stressors are potentially salutogenic. Stressors can have consequences that are potentially negative, neutral or positive in health terms. When stress, or trauma, is encountered, SOC reflects the extent to which an individual possesses a pervasive and dynamic confidence that what happens is comprehensible, manageable, and meaningful.
When stressors are inadequately dealt with the outcome may be pathogenic, whilst successful coping with stressors can have a salutary outcome. Persons with a strong sense of coherence possess a repertoire of coping resources and strategies, are able to select and activate what seem to be the most appropriate resources in a given situation, and are open to feedback and the possibility of corrective action. Persons, therefore, with a strong SOC are more likely to engage in adaptive health behaviours than those with a weak SOC (Antonovsky, 1990a; 1990b). The salutogenic question, in the management of trauma responses, is ‘what are the health outcomes - how does one cope?’

Antonovsky (1991c) suggests similarities between his concepts of meaningfulness and manageability, and those of hardiness (Kobasa, 1979) and resilience (Beardslee, 1989). Meaningfulness is likened to Kobasa’s concept of action and Beardslee’s concept of commitment. Manageability is likened to the stressor and capacity appraisal as described by Kobasa and to Beardslee’s notion of control. Both Antonovsky and Beardslee emphasise an explanatory and organising framework that Antonovsky identifies as comprehensibility.

Further, Antonovsky (1987, p 92) suggests that:

“Consistent experiences provide the basis for the comprehensibility component; a good load balance for the manageability component; and ...... participation for shaping outcome for the meaningfulness component”.

The term consistent experiences refers to the what of action and relates to an individual’s attempt, in the face of differing and often contradictory life experiences and messages, to develop a connecting thread of understanding that permeates his/her life experience. Load balance refers to the how of action and relates to a consistent experience of being called upon to respond to life demands, knowing that one has the resources available (either personally, or from a supporting source) to meet those
demands. Finally, *participation in shaping outcome* refers to a motivational component of SOC that arises out of a history of exercising choice in undergoing experiences, and judging the legitimacy of a particular action. This is the *why* of action.

The concept of SOC differs from the notions of hardiness and resilience in that Antonovsky (1990c) regards the nature of SOC as being: (a) transactional; (b) a generalised orientation; (c) a direct contributor to health; and (d) a collective orientation.

SOC is *transactional* in so far as it does not refer to *specific* coping styles. Rather, SOC is closely linked to the nature of the stressor being encountered, for example, its simplicity or complexity, temporal factors, its capacity for being controlled, or the sources and nature of problems posed. In the school setting, when a critical incident occurs, the SOC of any teacher would be linked to the particular incident being experienced. The simplicity or complexity of a death, for example, might be exemplified by the differences between a natural death and a murder where the offender is still at large. Temporal factors might include such things as the time of year the event occurred (early in the year teachers are likely to be more rested, or at the end of a term teacher stress levels are often high), or the time of day the event occurred (during class time, in a lunch break, on an excursion). The capacity for being controlled may include factors like the level of supervision in place at the time if the event occurred in school hours, or the degree of intrusion from outside bodies such as the police or the media. The sources and nature of problems posed may include disruption to the possibility of resuming classes, or injury to staff or students.

SOC has a *generalised orientation* that refers to a generalised set of beliefs about oneself and the world, rather than beliefs about specific situations. In the school setting this could include the general set of beliefs that a teacher may hold about his/her
capacity to deal with challenges arising in the context of the workplace and in the wider context of his/her world.

SOC is a direct contributor to health - it is said to be directly linked to health maintenance and improvement, in contrast to being simply a buffer or conditional contributor to health. Antonovsky (1990b) holds that generalised resistance resources (GRRs) such as self-esteem, social supports, high social class, or cultural stability, contribute to the development, over time, of a high SOC. In contrast, generalised resistance deficits (GRDs) such as low self-esteem, isolation, low social class, or cultural instability, contribute to the development of a low SOC. The balance of GRRs and GRDs, elements of both of which can emanate from the school environment, lead to the development, over time, of the strength or weakness of one’s SOC.

Antonovsky (1990b) proposes a general organising theory that hypothesises that a person with a high SOC will be health-prone, and a person with a low SOC will be disease-prone. Antonovsky explicitly rejects any assumption that stressors are inherently pathogenic. This emphasis on individual perception and assessment of stressors in trauma response is in keeping with other classifications of trauma response described earlier (e.g., DSM-IV-TR; Raphael & Meldrum, 1994). For example, consistent with DSM-IV-TR criteria for PTSD, a person must hold a perception of terror in a given event for the experience to be pathogenic.

Stressors do not necessarily imply a given or automatic adaptive response - stressors are open-ended (Antonovsky, 1990a). Fundamental to this position is the belief that stressors can be positive or negative, and that there are instrumental and emotion-regulating issues associated dealing with stressors. When a stimulus is first experienced it is defined as either a stressor, in which case a degree of tension is manifest in psychophysiological activity and emotion, or it is defined as a non-stressor, and the
person’s resources are engaged to respond to the stimulus. When a stressor has been perceived, a person then judges the stressor as endangering to one’s wellbeing, positive, benign, or irrelevant. The stressor judged benign or irrelevant is considered to be of little consequence and the tension generated soon dissipates. That judged to be negative or positive needs to be ordered both cognitively and emotionally and responded to appropriately so that any unproductive consequences of tension can be avoided.

A person with a strong SOC is more likely, initially to judge a stimulus as a non-stressor, or to perceive a stressor as benign or irrelevant. Further, when a stressor is judged to be positive or negative, persons with a strong SOC retain the confidence that the stressor is manageable and worth addressing and they have the resources to cope. Such confidence is linked to the emotion engendered by the stressor. The person with a strong SOC experiences focused emotions that form the basis for action and successful coping. The problem is approached with greater clarity, specificity, and differentiation, seen as comprehensible and manageable, and regarded as a challenge to be met rather than a burden to be avoided. Further, such a person is alert to feedback, capable of assessing it and acting on it. In contrast, persons with a weak SOC will experience diffuse emotions that lead to unconscious defence mechanisms and a tendency to focus on the management of the emotional consequences of the stressor, whilst dealing inadequately with the instrumental dimensions of the problem. They tend to disregard feedback and maintain their initial course of action (Antonovsky, 1990b). Health consequences, therefore, are understood in terms of the coping process.

Antonovsky (1990a) attributes the relationship between SOC and health status to three different but related movements. First, consistent with the premise of psychoneuroimmunology (Temoshok, 1990), high SOC could have direct physiological, health maintaining consequences – a consistent perception of the world as
comprehensible, manageable and meaningful activates the brain, and subsequently, other physiological systems, to induce and maintain homeostasis. Second, a person with a high SOC is likely to engage in health-promoting behaviours by correctly identifying situations or conditions requiring attention, seeking and complying with health-relevant information and professional guidance, and modifying or rejecting maladaptive behaviour. Third, the experience of successful coping leads to a sense of gratification and satisfaction, which in turn will have salutary physiological consequences. This movement is attributed to the notion that if coping is successful, any related tension is not maintained over time, and therefore not transformed into a stress that is pathogenic.

The notion that there is no one successful coping style is at the heart of the SOC - health promoting behaviour implies that a person is able to select a particular coping strategy (or set of strategies) that is a specific response to a specific presenting stressor. The motivational commitment is not to a given strategy, but rather, to coping. This facilitates a shift in response if a different approach improves the chances of successful coping.

Finally, SOC is a collective orientation in so far as it lends itself to collectives such as a family, or any other social unit (Antonovsky, 1996a). This element of SOC is particularly relevant to schools. Schools form very distinct communities, or collectives, and as such may well develop a collective SOC. This collective SOC may be a reflection of the sense of unity and level of morale on a school staff. It would be manifest as a collective sense that the community, and individuals in it, believe that whatever happens in their school can be comprehended as structured, predictable and explicable; that the school community has the resources, within it or available to it, to successfully address any challenges it may meet; and that it is worth investing effort and energy into meeting these challenges.
Sense of Coherence can be regarded as an operationalisation of salutogenesis. It provides a measurable construct that may be particularly useful in identifying individual and collective issues that are key to assisting teachers in the mobilisation of coping resources that lead to healing and wellbeing after traumatic experiences. Further light is shed on salutogenic approaches to trauma management by research into psychological wellbeing. The multidimensional model of psychological wellbeing constructed by Ryff (1989, 1995) illuminates the salutogenic perspective by describing the capacity of individuals to function positively in the aftermath of trauma in terms of the presence of positive personal characteristics. Where SOC is a generalized attitude, psychological wellbeing is more responsive to state factors.

**Psychological Wellbeing**

Ryff (1989, 1995) suggested that a great deal of attention has been devoted to the presence or absence of human unhappiness and suffering, but little to the causes and consequences of positive functioning. Typically, health is related to the absence of illness rather than the presence of wellness (Ryff & Singer, 1996; Ryff, Singer, & Selzer, 2002). Further, prior literature on psychological wellbeing was said to have little theoretical foundation and neglected definition of the essential features of wellbeing. Ryff argued that psychological wellbeing has almost always been discussed in terms of distinctions between positive and negative affect, and life satisfaction. However, measures of happiness and life satisfaction were not designed as measures of health and neglect important aspects of positively functioning and psychological wellbeing. Grossbaum and Bates (2002) propose that Ryff’s concept of psychological wellbeing reflects the broad concept of eudaimonic wellbeing (Waterman, 1993) which focuses on
achieving one’s potential through a pursuit of longer term goals, rather than hedonic wellbeing which is characterised by shorter term feelings of happiness and life satisfaction.

Theoretical formulations of wellbeing have been derived from the convergence of extensive accounts of positive functioning from sub-fields of psychology (especially developmental and clinical psychology), philosophy, and mental health literature. For Ryff, this theoretical foundation serves to generate an alternative multidimensional model of wellbeing that emphasises positive personal orientations considered to contribute to psychological wellbeing (Ryff, 1989; Ryff & Keyes, 1995). She identified six dimensions of wellbeing as: (1) self acceptance; (2) personal growth; (3) purpose in life; (4) positive relations with others; (5) environmental mastery; and (6) autonomy.

(1) Self-acceptance describes the holding of positive attitudes towards oneself and one’s past life. It was defined as a central feature of mental health (Jahoda, 1958), self-actualisation (Maslow, 1968), optimal functioning (Rogers, 1961), maturity (Allport, 1961), and life span theories (Erikson, 1959; Buhler, 1935) and a central characteristic of positive functioning; (2) Positive relations with others describes the capacity for and presence of warm, trusting interpersonal relations. The capacity for love (Jahoda, 1958), for feelings of empathy, deep friendship and identification with others (Maslow, 1968), warm relating to others (Allport, 1961), and intimacy and generativity (Erikson, 1959) are all emphasised as components of wellbeing and maturity; (3) Autonomy describes a sense of self-determination, independence, and internal regulation of behaviour. Autonomous functioning and resistance to enculturation (Maslow, 1968), internal locus of evaluation (Rogers, 1961), individuation (Jung, 1933), and internal orientation in later life (Erikson, 1959) all converge to identify this component; (4) Environmental mastery describes a capacity for active participation in one’s life, and a sense of mastery
and competence in managing the environment by choosing or creating contexts that meet personal needs and values. The capacity to choose life enhancing environments (Jahoda, 1958), participation in spheres of activity beyond self (Allport, 1961), and the ability to manipulate and control complex environments (Erikson, 1959) all point to the concept of environmental mastery; (5) Purpose in life describes the possession of goals and direction in life and a sense that one’s life is purposeful and meaningful. Elements of this component are derived from descriptions of purpose and meaning in life in definitions of mental health, maturity, and life span development; and (6) Personal growth describes an orientation towards ongoing personal development and expansion, an openness to new experiences, and a sense of realising one’s personal potential. Self-actualisation (Maslow, 1968), openness to experience (Rogers, 1961), and the confrontation of new challenges at each stage of life (Erikson, 1959) point to this component.

These dimensions of psychological wellbeing are important to salutogenic perspectives on the management of critical incidents in schools because they emphasise the contribution of positive psychological processes and coping mechanisms. The presence, or indeed absence, of negative responses to trauma may not be enough to establish how well any individual is likely to cope and heal. The positive dimensions of psychological wellbeing alert carers and those affected by a critical incident to a range of positive characteristics and orientations that can be enhanced and developed in order to facilitate health and wellbeing.
Measuring Psychological Wellbeing

The six theory-guided dimensions of psychological wellbeing have been subjected to empirical research in order to establish them as distinct components of psychological wellbeing, and as empirically distinct from existing formulations of psychological health (Ryff, 1989). Ryff & Keyes (1995) established that the six dimensions are a function of a single conceptual domain called psychological wellbeing. This general factor, however, cannot explain life course effects on wellbeing because age analyses reveal different age profiles for different dimensions. Incremental age profiles have been identified for Environmental Mastery and Autonomy (particularly from young adulthood to mid-life), decremental age profiles for Purpose in Life and Personal Growth (particularly from mid-life to old age), and no age differences for Self Acceptance. Patterns for Positive Relations with Others varied on age differences and incremental patterns (Ryff, 1989; 1991; 1995; Ryff & Keyes, 1995).

The dimensions of Purpose in Life and Personal Growth closely parallel the three broad salutary effects of dealing with negative events - changes in self-perception, interpersonal relationships, and philosophy of life - identified by Tedeschi and Calhoun (1996) and discussed later in this chapter.

Several studies have revealed sex differences, with women scoring significantly higher then men on Positive Relations with Others and Personal Growth. No sex differences are evident on the other dimensions (Ryff, 1989; 1991; Ryff, Lee, Essex, & Schmutte, 1994; Ryff & Keyes, 1995; Ryff & Singer, 1996). These findings serve to emphasise the importance of acknowledging individual differences in response not only according to personality but also due to gender. In addition, Ryff (1995) suggested that other group differences such as social class, ethnicity and culture might enhance
understanding of psychological wellbeing. Further study on the contribution of these factors is needed.

Ryff & Keyes (1995) point out that their analyses and formulations of the six wellbeing dimensions rely on self-report data that may include self-presentation biases. They suggest that the inclusion of qualitative approaches that include observational methods may augment the self-report data and strengthen supporting evidence for the theoretical model.

Several studies have sought to identify interactive influences between psychological resources of individuals and various social and contextual factors. In a longitudinal study of 102 older women, the interactive influences of wellbeing dimensions and contextual factors on short-term adaptation to community relocation were examined (Smider, Essex, & Ryff, 1996). The interactive effects of environmental mastery, autonomy and personal growth and contextual factors specifically associated with moving home (difficulty to move, pressure to move, and unexpected gains experienced) were shown to exhibit only a limited moderating effect on emotional outcomes of relocation (aggravation, sadness, and optimism). Interestingly, the results suggested that pre-transition resources might buffer the negative consequences of contextual factors. In particular, pre-existing emotional resources may work interactively with situational stressors, and may affect adaptation by shaping the context of the transition.

Class differences, defined in terms of education, income and occupational standing, have been shown to be strongly linked with wellbeing (Ryff & Singer, 1996). Wellbeing in general, and particularly the dimensions Purpose in Life and Personal Growth, appear to be strongly linked to higher levels of educational attainment. This
applies even after controlling for prior life history variables such as high school IQ, and parental education, income and occupational status.

Cultural differences have been demonstrated in self-oriented aspects of wellbeing and other-oriented aspects of wellbeing. A study that compared respondents from an individualistic/independent culture (U.S.) with those from a more collectivist/interdependent culture (South Korea), found that the Koreans rated highest on positive relations with others, and lowest on self-acceptance and personal growth. In contrast, the U.S. respondents rated highest on personal growth and lowest on autonomy. Sex differences were the same for both cultures, with women rating themselves significantly higher than men on positive relations with others and personal growth (Ryff & Singer, 1996).

A number of studies have examined the relationship between wellbeing and life experiences such as having and raising children (Ryff, Lee, Essex & Scmutte, 1994), growing up with an alcoholic parent (Tweed & Ryff, 1991), aging (Ryff, 1991), health problems (Heidrich & Ryff, 1993), and relocation in later life (Smider, Essex & Ryff, 1996). Results of these studies suggest that life experiences and how they are interpreted influence a person’s sense of wellbeing. For example, parents’ perceptions of how their children have grown up account for 20% to 29% of variance in adults’ environmental mastery, purpose in life, self-acceptance and depression, and comparisons of physical health problems of older women with those of other older adults, account for 16% to 27% of variance in personal growth, positive relations with others, autonomy, depression and anxiety (Ryff, 1995).

In a longitudinal study, involving wide-ranging life history data spanning 36 years, Ryff and Singer (1996) examined how the course and quality of life experience influences wellbeing. Results reveal that a negative cumulative experience and an
absence of positive experiences are related to low psychological wellbeing. On the other hand, those people whose lives that included negative experiences, for example, growing up with an alcoholic parent or early family deaths, but also experienced important positives such as high IQ, high academic achievement or good physical health, enjoyed high psychological wellbeing. These results suggest that positive life experiences may contribute to high wellbeing profiles that in turn may act as protective resources as life proceeds.

The research on wellbeing raises some important questions for the route to recovery from psychological distress following critical or traumatic incidents. Rather than seeking simply to reduce or eliminate negative outcomes, it may be important to understand the presence of positive psychological and coping mechanisms in a person’s life so that treatment/management can facilitate the restoration and engagement of the positive. Further, treatment may need to take into account not only the presence of negative characteristics, but also the absence of positives, and consider how these work together (Ryff & Singer, 1996). An individual’s resources, whether social or psychological, moderate the effects of stressors (Pearlin, Lieberman, Menaghan, & Mullan, 1981; Wheaton, 1985). A thorough understanding of the significance of positive health indicators, how the components of psychological wellbeing can be strengthened and supported, and their role in overcoming adversity and enhancing health may influence the capacity of individuals to remain healthy or maximise health outcomes in times of crisis.
Psychological Wellbeing and Teachers

The concept of psychological wellbeing is of particular relevance to critical incident management in schools. For instance, findings on the dimensions of Environmental Mastery and Autonomy may be particularly pertinent to teachers in the aftermath of a critical incident. Maintaining or regaining a sense of control or personal mastery in situations of threat or stress is a crucial task of trauma resolution (refer Table 1.5, p.20). These dimensions point to characteristics that can be attended to not only following trauma but also in pre-trauma education programs. The incremental age findings suggest that since these dimensions are weaker in younger people, younger teachers may require particular support in this area in the event of a traumatic incident.

The age profiles also suggest that the dimensions of Purpose in Life and Personal Growth may be more easily shaken in older teachers, or, alternatively that these dimensions are not as important in their contribution to a sense of wellbeing as other dimensions for this age group. Ryff (1995) suggested that other group differences such as social class, ethnicity and culture might enhance understanding of psychological wellbeing. These group differences are pertinent to school communities since social class, ethnicity and culture vary not only within school communities, but also between them. Further study on the contribution of these factors may further enlighten efforts to support individuals and schools as collectives, following critical incidents.

Pre-transition resources might buffer the negative consequences of contextual factors (Smider, Essex & Ryff, 1996). In particular, pre-existing emotional resources may work interactively with situational stressors, and may affect adaptation by shaping the context of the transition. This concept is particularly important in the context of this study. If schools are well prepared, in terms of pre-educational and managerial
preparedness, for the occurrence of critical incidents, negative impact may be buffered and coping enhanced.

Results showing that wellbeing, particularly the dimensions Purpose in Life and Personal Growth, was strongly linked to those with higher levels of educational attainment, may suggest that the wellbeing of school communities in lower socio-economic areas may be more vulnerable to negative outcome following a critical incident.

The six dimensions of psychological wellbeing have the potential not only to contribute to understandings of some specific dimensions of effective coping following critical incidents, but also to act as indicators of some positive outcomes of negative experiences. Psychological Wellbeing may also be a helpful construct to apply not only to individuals, but also to collectives, such as schools, in the event of critical incidents.

Posttraumatic Growth

Contrary to popular portrayal, people confronted with traumatic events do not automatically disintegrate and plunge into trauma-related distress and emotional paralysis (Dunning & Silva, 1980; Dunning, 1995, Tedeschi, Park, & Calhoun, 1998). Yet, while the negative physical and psychological consequences of traumatic experience are well documented, less attention has been paid to the extent to which people who are the victims of traumatic events experience some personal benefits from dealing with the trauma and its aftermath. Although behavioural and emotional problems occur, not all the effects of exposure to trauma are negative. The concept of positive change in psychosocial functioning after crises is now well documented (Aldwin, Sutton & Lachman, 1996; Calhoun & Tedeschi, 2000; Carver, 1998; O’Leary
& Ickovics, 1995; Tedeschi & Calhoun, 1996; Tedeschi, Park & Calhoun, 1998). For example, positive effects have been described as an enhancement or reinforcement of an individual’s “ability to cope with adversity, development of self-discipline, and the realisation of an appreciation for the value of life … a sense of accomplishment, competence, and resilience” (Dunning & Silva, 1981; p1).

A significant body of research suggests that people have perceived at least some benefits emerging from their struggle with a wide range of challenging life crises, including the impact of rape (Smith & Kelly, 2001), childhood sexual abuse (McMillen, Zuravin & Rideout, 1995), bereavement (Davis, 2002; Davis, Nolen-Hoeksema & Larsen, 1998; Wheeler, 2001), HIV infection (Richards, 2001), heart attacks (Affleck, Tennen, Croog & Levine, 1987), combat (Aldwin, Levenson & Spiro, 1994), the Holocaust, parenting very ill and high-risk children, severe burns, and disasters. For instance, a study of the Herald Free Enterprise disaster reported that approximately half of those exposed to the disaster considered that their view of life had changed for the better (Joseph, Williams, & Yule, 1993).

In a study involving 117 participants (Tedeschi & Calhoun, 1996), gender differences were reported in perceived benefits following traumatic experience, with women reporting more benefits than men. In the same study, persons who reported severe trauma were found to report more benefits than those who did not experience severe trauma. This study also found no relationship between perceptions of positive change and the passage of time, suggesting that recovery circumstances and conditions are more important in determining benefits than time.

Three broad salutary effects of dealing with negative events have been identified in the literature (Calhoun & Tedeschi, 2002). These include: changes in self-perception; changes in interpersonal relationships; and changes in philosophy of life.
**Changes in self-perception:** Changes in self-perception reflect people’s perceptions of emotional growth and becoming a better person. They describe feeling more experienced about life, and having an increased sense of personal strength. They feel more confident, self-reliant and self-assured, especially about their capacity to accept the way things work out and deal with future difficult situations and experiences (Carver, 1998; Davis 2002, Nolen-Hoeksema, & Larson, 1998; Tedeschi & Calhoun, 1998; Smith & Kelly, 2001; Updegraff & Taylor, 2002).

**Changes in interpersonal relationships:** Changes in interpersonal relationships reflect people’s perceptions of closer and deepening family relations. They describe an increased appreciation of others, especially close relatives and friends, greater compassion for others, establishing more positive and intimate relationships, increased willingness to express emotions and self-disclose, handling relationships better, an acceptance of needing others and knowing that people can be relied upon in times of trouble, better utilisation of social supports, and an increased confidence in being able to manage relationships (Aldwin, 1994; Aldwin & Sutton, 1998; Carver, 1998; Smith & Kelly, 2001; Tedeschi 1999; Tedeschi et. al., 1998; Updegraff & Taylor, 2002; Wheeler, 2001).

**Changes in philosophy of life:** Changes in philosophy of life reflect people’s increased appreciation for their own life, positive changes in priorities, the development of greater wisdom, and an increased sense of spirituality. They describe an increased appreciation for the value of one’s own life and of each day as it presents, no longer taking life for granted, and an improved sense of priority about what is important in life. There is an emergence of new opportunities, the ability and the inclination to make positive life changes, and the development of new interests or paths in life. They also describe an increased sense of control, intimacy, and finding meaning, a better
understanding of spiritual matters, and strengthening of religious or spiritual faith (Aldwin & Sutton, 1998; Edmonds & Hooker, 1992; Joseph et al., 1993; Richards, 2001; Tedeschi et al., 1998).

The development of posttraumatic growth is generally regarded to be gradual. Calhoun & Tedeschi (1998; 2002) suggest that a certain degree of initial disruption may be necessary for the development of PTG. However, the process of this growth is unclear. Some studies have shown positive relationships between the severity of the event and subsequent growth (McMillan, Smith & Fisher, 1997; Park, Cohen & Murch, 1996). Yet, it is possible that a curvilinear relationship exists between the level of disruption and the development of PTG, whereby little disruption will lead to minimal growth, moderate to high disruption may lead to maximal growth, whilst extreme disruption may in fact lead to poor adaptation (Calhoun & Tedeschi, 1998; 2002; Carver, 1998). Further, the perception of benefits of traumatic experience does not suggest the absence of negative effects. Both positive and negative effects are often reported in the same person (Aldwin, 1994; Joseph, Williams & Yule, 1993; Tedeschi & Calhoun, 1996; 1998).

In studies designed to measure the kind of perceived benefits arising from encounters with trauma reflected in the literature, Tedeschi and Calhoun (1996) identified five factors: new possibilities; relating to others; personal strength; spiritual change; and, appreciation of life. These five factors are treated as outcomes of traumatic experience. A slightly different perspective describes the perceived benefits of posttraumatic experience as a process of coping, involving positive reinterpretation, positive reframing, interpretive control, and reconstrual (Carver et al., 1993). However, Tedeschi and Calhoun (1996) argue that the concept of Posttraumatic Growth emphasises outcomes - the possible benefits that may be construed or discovered in the
aftermath of traumatic experience. Studies of Posttraumatic Growth reveal no relationship between perceptions of positive change and the passage of time, suggesting that recovery circumstances and conditions are more important in determining benefits than time. These five factors form the underpinning of the instrument used to measure posttraumatic growth in the current research.

As discussed in this section, relationships between personality and posttraumatic growth have been established. Some gender differences have been evidenced in the research, suggesting that women may experience more growth than men (Tedeschi & Calhoun, 1996). However, other studies suggest that this relationship is tenuous since some studies have been confined to a single gender or sample sizes are too small to be conclusive (Calhoun & Tedeschi, 2002; Tennen & Affleck, 1998). The relationship between age and growth is unresolved.

Sense of Coherence is also thought to promote Posttraumatic Growth because it is a contributing factor in successful coping with adversity (Aldwin, 1994; Schaeffer & Moos, 1998; O’Leary & Ickovics, 1995, Tedeschi & Calhoun, 1995).

If grief and trauma have the potential to elicit such positive experiences and personal growth then a salutogenic approach to post trauma support needs to include approaches that facilitate awareness and integration of growth factors as well as deal with the negative impact of the traumatic event or loss. Thus, resolution and healing following exposure to traumatic events may be more thoroughly attended to if the tasks of trauma work attend to growth factors as well as the negative impact of the experience.
Other Personal Factors  
that Influence Adjustment to Traumatic Experience

Earlier discussion in this thesis has referred to searches for explanations as to why some people who have experienced severe trauma adjust relatively well, whilst others go on to develop PTSD or maintain other posttraumatic responses. Other personal factors that have been shown to influence post-traumatic reactions include previous experience of trauma, family pathology, unemployment, genetic vulnerability, and personality (Bartone, 2000; Perren-Klingler, 2000; Raphael & Meldrum, 1994; Shalev & Yehuda, 1998; Silver et al., 1983).

Coping with posttraumatic experience has been associated with various personality characteristics or orientations. Sense of coherence, a dispositional orientation described earlier, is considered to be related to successful coping with traumatic experience (Aldwin, 1994; Antonovsky, 1987; Moos & Schaeffer, 1990; O’Leary & Ickovics, 1995, Tedeschi & Calhoun, 1995). Several researchers suggest that the link between personality and successful coping may be mediated by coping process variables (Carver, 1998; McCrae & Costa, 1986; Park, 1998).

The characteristic of hardness has been shown to have a moderating effect on traumatic stress symptoms (Bartone, 2000; Bartone, Ursano, Wright, & Ingraham, 1989). Further, the “big five” personality factors, of neuroticism, extraversion, and openness, as measured by the NEO Personality Inventory, have been shown to correlate with a coping strategy called “drawing strength from others” (Costa & McCrae, 1985a; 1985b; McCrae & Costa, 1986). Tedeschi and Calhoun (1996) found strong links between the “big five” dimensions of personality and posttraumatic growth. Posttraumatic growth was found to be positively correlated with four of the “big five”
personality factors (extraversion, openness to experience, agreeableness and conscientiousness), however, neuroticism was found to be unrelated.

Response style is another stable characteristic of individuals that is a possible psychological contributor to traumatic response and coping. Response Style Theory (Nolen-Hoeksema, 1987; 1991) has been concerned with factors influencing the duration and severity of depressive symptoms (as compared to the etiology of depression). The theory proposes that two fundamentally different response styles, described as a ruminative style and a distracting style, account for response differences in depression. Ruminative responses to depression are defined as thoughts and behaviours that tend to focus on the depressive symptoms and the meaning of those symptoms. The ruminative style is a passive one, symptom focused and contemplative, without any active attempt made to remedy the situation or to improve affect. Ruminative responses to depression have been shown to increase the severity and duration of affect by enhancing pessimistic, maladaptive thinking, and interfering with the individual’s capacity to generate positive reinforcement and helpful solutions (Nolen-Hoeksema, Parker, & Larson, 1994). Distracting responses, on the other hand, can be defined as purposeful attempts to divert one’s attention away from the depressive symptoms and their causes, into pleasant or neutral activities. Effective distracting activity will be engaging and will likely provide positive reinforcement to the individual.

In fortuitous timing of testing, Nolen-Hoeksema and Morrow (1991) took measures of depression levels and response styles of a sample of students before and after a major earthquake. Results showed that participants who had a ruminative response style before the earthquake maintained higher levels of depressive affect than those who had a less ruminative style. This finding suggests that a ruminative response
style may contribute to the maintenance of depressive affect. In another study on the
duration of mood, Nolen-Hoeksema, Morrow, and Fredrickson (1993), found that
regardless of sex, the more people engaged in ruminative responses to their depressed
moods, the longer their moods lasted. In contrast, those who engaged in distracting
behaviour had depressive symptoms that were of a shorter duration. Although other
factors such as gender, cumulative stressors and the severity of initial depressive affect
seem to influence people’s ruminative tendencies, ruminative style was a stable coping
mechanism with depressed mood following loss (Nolen-Hoeksema et al., 1994).

Morrow and Nolen-Hoeksema (1990) conducted a series of controlled
laboratory studies where participants were randomly assigned to one of four groups that
were either ruminative or distracting, and either passive or active, and engaged in
activities that replicated that style. Participants in the ruminative groups showed longer
depressive affect than those engaging in distracting activity, and individuals in both the
ruminative and distracting conditions who engaged in passive rather than active
exercises showed greater depressive affect. In a study of daily moods and coping
strategies, ruminative, passive coping was positively related to severity of depressive
affect (Wood, Saltzberg, Neale, Stone, & Rachmiel, 1990). In a longitudinal study of
naturally occurring depressed mood following loss, people who ruminated passively
following the death of a family member showed more prolonged and severe distress
following the event (Nolen-Hoeksema et al., 1994). The efficacy of distracting
behaviour was illustrated in a study by Jackson and Bates (1997), who found that active
involvement and keeping busy contributed to successful coping of teachers following a
school crisis.

Definitions of rumination and assessments of its impact on coping are
conflicting. Distinguishing from the counterproductive rumination described above,
other researchers describe a more constructive form of deliberate and focused
rumination that facilitates self-attentiveness to pre-crisis beliefs and post-crisis learning
aimed at self understanding and culminating in enhanced coping and growth (Tedeschi,
Park, & Calhoun, 1998). Further research is needed to establish the nature and role of
rumination in crisis coping.

Individual differences in critical incident responses are clearly multidimensional
and complex. Adaptation following crises is not only concerned with ameliorating
negative impact, but also with enhancing wellbeing through the strengthening of
positive outcomes.

Grief and Trauma in Organisations

Major life events or stressful situations confront not only individuals, but also
*collectives* - families or other natural systems such as a workplace (Antonovsky, 1990b;
Gordon, 1990, Paton, 1997; Paton, Smith, Violanti, & Eranen, 2002). Therefore, it is
not surprising that the elements of the recovery environment, such as social support,
helper reaction, additional stressors, community attitudes, pre-incident preparation,
including planning and education, and management approaches have been identified as
affecting individuals’ responses to critical incidents (Paton, 1997; Paton & Violanti,
1996; Paton, Violanti, & Dunning, 2000; Raphael, 1986; Sandoval, 2002; Shalev,
Yehuda, & McFarlane, 2000; Wilson, Friedman, & Lindy, 2001; Worden, 2002). Work-
related trauma impact and speed of recovery are thought to be influenced by the
organisational environment, including morale, effectiveness of communication,
confidence in management, and perceptions of the preparedness of the organisation to
manage workplace trauma (Hart & Wearing, 1995; Jackson & Bates, 1997; Paton,
1997). Further, Braverman (1992) proposes that when workplace trauma is poorly managed extreme reactions may prevail, and morale, communication, productivity, and individual health across the entire workforce may be deleteriously affected.

Current understandings in quantum theory resonate with propositions of the importance of the role of collectives in dealing with trauma, and of the relevance of salutogenic approaches to trauma management. Quantum theory suggests that chaos, or dis-order, is a “precondition or stimulant for activating the self-organising creativity inherent in all living systems” (O’Murchu, 1997, p128). An apparent convergence between this concept and salutogenic approaches to trauma management is evident in the proposition that chaos, or dis-order, and growth, are complementary rather than opposing forces. If positive effect accompanies negative effect after traumatic experience then individuals and organisations will surely benefit from acknowledging and attending to this reality.

The notion that traumatic experience can be as much a factor of relationship as it is of individual response is reinforced and informed by recent developments in quantum physics. In the 1960’s, scientists identified subatomic particles, called quarks. Quarks cannot be isolated – in experimental conditions, scientists have been unable to split the ‘hadron’ within which quarks are embodied, into smaller units. Quarks make sense only in groups of two or three – their existence is manifest only in relationship. In other words, the basic building blocks of all life are thought to exist in relationship and thrive on interdependence (O’Murchu, 1998). This discovery has dispelled previous beliefs that the basic building blocks of all life were unique, passive, units (i.e., atoms).

O’Murchu (1998) suggests that the notion of individual uniqueness is a by-product of the industrial revolution. Prior to that there existed a conviction that people are their relationships. He proposes that an emerging consciousness of recent times,
evolving from the findings of quantum physics suggests that what we are as individuals is at least partly determined by the quality of our relationships. He suggests that individual characteristics provide only a partial explanation of what is actually occurring for any individual and that experience may be a complex condition arising out of several frames of reference. In the current context of trauma, the relevance and the importance of the collective in trauma management is vast.

**The Role of Collectives in Trauma Recovery**

Antonovsky (1990b) proposed that it is reasonable to hypothesise that the collective sense of coherence may be decisive in successful coping and hence in shaping health outcomes. He suggests that elements of a collective’s behaviour in the aftermath of trauma are related to components of SOC. The comprehensibility component is linked to the repeated, consistent experience of feedback received from within the collective. That is, when a collective consistently identifies itself, or an individual within it, as being on or off course, that collective could be said to be high on “collective comprehensibility”. Similarly, when members of a collective consistently and legitimately provide input into decisions that are to be made, that collective could be said to be high on “collective meaningfulness”. The manageability component can be linked to the collective that consistently regards, and responds to challenges, with an attitude that any given situation or experience is manageable. However, whereas individual SOC can be empirically measured via self-report, collective SOC can only be inferred, currently, via a more qualitative analysis of accounts given by members of a collective.
Organisational Aspects of Critical Incident Management

There has been little empirical research on the organisational elements of work-related trauma. However, considerable theoretical attention has been given to this issue. Paton (1997) proposes that organisational characteristics such as attitudes of management to stress, prevailing social supports, and social organisational characteristics of the work environment impact on the effectiveness of crisis response. In this context, the flexibility of organisational systems may be required - normal administrative procedures may need to be replaced by ones that are specifically suited to the response and recovery effort. In particular, communication systems that facilitate effective identification of priority issues, assembly and allocation of resources, ongoing, clear and accurate information flow, media management, and ongoing monitoring of progress and responses, are likely to be crucial. It cannot be assumed that an organisation will be supportive, or that colleagues will be supportive of each other following trauma (Dunning, 1995). Adequate attention to the health and vitality of an organisation’s collective coping mechanisms, can contribute to the organisation becoming a powerful healing and restorative resource in times of catastrophe and distress (Braverman, 1991; 1992; Everstine & Everstine, 1993; Figley, 1980).

Braverman (1992) argued that work cultures usually do not permit the expression of strong emotions such as fear, vulnerability, or sadness, and without explicit permission and sanctioned structures for inter-personal communication about a traumatic event, individuals in a work environment can tend to seal over their emotions. When organisations ignore or downplay the impact of traumatic events, or respond inappropriately, extreme reactions may prevail, and morale, communication, productivity, and individual health across the entire workforce can be deleteriously
affected. Financial ramifications may be reflected in high absenteeism, increased staff turnover, declining performance, and treatment and compensation costs (Paton, 1997).

When traumatic situations occur, employees look to their designated leaders for direction, guidance, and support (Everstine & Everstine, 1993; Jackson, 2001). A sensitive approach by management may provide a significant force in how swiftly and thoroughly the employees recover. Decisive steps to facilitate stabilisation and recovery may convey to employees that they are valued, discourage stigmatisation, and help restore group cohesion. However, administrators in the school setting may not be any better prepared to cope with traumatic events than the average staff member, and in many cases may be at least as traumatised as anyone else by an event (Jackson, 2001). In Australia, few school leaders have undertaken any specific training on how to deal with a critical incident or with trauma responses. Many schools that have Critical Incident Management Plans have given inadequate attention to ensuring that key personnel have a thorough working knowledge of the plan and the management and recovery principles that underpin it. Further, few schools have provided school staff with opportunities for professional development around issues involved in response and recovery after a traumatic incident.

Although there is little empirical study on crisis management in organisations, Braverman (1992) proposed a model for crisis readiness. He suggested that crisis plans are an imperative for all organisations and that they should include “(a) guidelines for identifying events and situations that need intervention, (b) procedures that include a chain of response, and (c) education for management and personnel at various levels about traumatic response in general, and the crisis response procedure specifically” (p.306).
In keeping with the salutogenic perspective, Everstine and Everstine, (1993) suggest that trauma responses should be normalised, and taking care of oneself emotionally advanced as being professionally intelligent and responsible. In addition to the primary prevention that professional development seeks to address, they suggested that the availability of ‘as-needed’ counselling can help teachers cope with the persistent and ongoing stress associated with dealing with the distressing or traumatic aspects of students’ and colleagues’ lives. Indication of an individual’s need for support can provide a more productive basis for offering support than a judgment of the seriousness of the event. Individuals who are particularly traumatised may have established a fragile equilibrium that can be threatened by undue emphasis on the impact of the event or the obligation to participate in individual or group processes that evoke catharsis. The denial and numbing that is often viewed as maladaptive in other settings may in fact be adaptive and appropriate following traumatic events (Jackson, 2001). Such processes can assist the worker to re-establish a sense of control in order to exercise their professional responsibilities (Stuhlmeier & Dunning, 2000; Jackson 2001).

Dunning (1995) suggests that any treatment to deal with work-related trauma should be provided by an appropriately trained professional. However, the role of the social support system, within an organisation, cannot be under-estimated. Intervention and support may be actively rejected if it is perceived that the organisation or individuals within it view the person as injured or mentally disordered. Unless it is specifically sanctioned, people may avoid support that implies a need for mental health care. It has been suggested that such support be described in more workplace-friendly terms, such as “job-related trauma relief” (Everstine & Everstine, 1993). In the school context, teachers have expressed preferences that such professional support should be offered outside of the school day, and perhaps even, away from the physical setting of
the school, so that they can maintain a sense of control and coping at work (Jackson, 2001). The high cost of the occasional use of private mental health practitioners can discourage schools from offering such a service.

Everstine and Everstine (1993) suggest that both organisation managers and mental health professionals maintain clear distinctions between the tasks of trauma support/treatment and psychological assessment (especially for evaluation of fitness to return to work or medico-legal purposes). They further suggest that consultation, treatment, and assessment should be treated as separate entities, each with its own ground rules. Although disclosure of upsetting feelings in a group can provide reassurance that one is not alone, such disclosure can be overwhelming for some (H Herman, 1992). Some individuals can have suffered from past unresolved traumas or who have poorly functioning support systems, or no support system at all, can be rendered non-functional when a traumatic event strikes (Everstine and Everstine, 1993). Such individuals may find it very difficult to return to their previous levels of functioning, even if the event was, in the opinion of others, of moderate severity. Yet, approximately 77% of all persons suffering acute distress and post-traumatic stress reactions spontaneously go into remission within six months subsequent to the trauma without intervention (Breslau, 1998). In the light of these data, Stuhlmiiller and Dunning (2000) propose that response processes may be more effective if directed towards addressing the reduction of stress, as opposed to traumatic stress.

A salutogenic model implies that it is important that any formal response subsequent to a traumatic event build upon the strengths and capabilities of those affected. Individuals are generally capable of effective physical and emotional functioning. Emotional strain is a reasonable outcome to exposure to severe stress. However, as indicated earlier, this is most usually a transitory experience and does not
necessarily imply PTSD or mental illness. The issue for organisations remains of how to defuse a range of stress responses that may interfere with effective functioning in an organisation, for example, how anger directed at management or colleagues is to be addressed (Everstine & Everstine, 1993).

There is little or no empirical evidence to support particular approaches to intervention following a critical incident. Nevertheless, Everstine and Everstine (1993) suggest that helpful interventions include those that aim to “(a) channel feelings of blame, (b) dispel magical thinking (i.e., superstition), and (c) restore group cohesion” (p.182). Dunning (1995) identifies five approaches that facilitate recovery after trauma:

1. Offering consistent messages that stress symptoms are normal and not necessarily indicative of illness or professional incompetence;
2. Encouragement to resume normal personal and professional activity;
3. Encouragement to share the experience with a supportive other;
4. Identification of, and connection with, support resources;
5. Explicit attempts to develop and enhance a work culture that fosters resilience and hardiness.

In the school setting, teachers expect to work in a safe environment and to nurture their students - the death or injury of a student is an unexpected departure from this ideal and can be extremely traumatic. Teachers who participated in a study by Jackson and Bates (1997) expressed the need to review a critical incident for the purposes of debriefing and to be offered opportunities to discuss and work through the incident. They preferred that participation be optional, though strongly encouraged.

The use of group interventions following trauma, for some people, however, may be inappropriate and contraindicated (Herman, 1992). For instance, some people may be too distraught or fragile to tolerate the group process. Alternatively, differing levels of
exposure or management responses to the trauma could contribute to a group process that becomes confrontational. The identification of, and approaches to, those individuals who are exhibiting serious trauma responses is potentially a sensitive issue. Particular issues include the avoidance of stigmatisation and the affirmation that grief and/or trauma responses can be healthy signs of a healing process in action (Everstine & Everstine, 1993). Further, the provision of accurate information by management to employees has been identified as a major contributor to recovery following a critical incident (Dunning, 1995; Everstine & Everstine, 1993; Jackson & Bates, 1997). Indeed, failure to provide factual information can cause misinformation and rumour to abound and the escalation of distress. Adequate information can help staff recapture a sense of control and dispel random fears.

The provision of interventions suited to the personal and professional characteristics and needs of those involved, and that enhance a culture that promotes healing and wellbeing, is an ongoing challenge for organisations following critical incidents. In particular, organisational responses that emphasise the mobilisation of everyday coping strategies and support systems, both individually and collectively, are in keeping with a salutogenic approach (Dunning, 1995).

**Social Support**

Social support network systems, including the family or the workplace, may be crucial resources in helping a person work through traumatic experiences, and in limiting the emotional upset of traumatic events (Antonovsky, 1990c; Figley, 1995a, 1995b, 1996; Fleming & Belanger, 2002; Klass, 2002). Social supports are linked to the emotional wellbeing of people in general and to the speed and completeness of recovery
of victims in particular, and have been identified as serving five major functions (Figley, 1980, p.43): *Emotional Support* is the care, comfort, love, affection and sympathy shown to the victim. It is the extent to which we are convinced that the supporter is on our side; *Encouragement* is the encouragement and praise offered by a supporter. It is the extent to which we are inspired by the supporter to feel courage and hope, to prevail; *Advice* is useful information for solving a problem. It is the extent to which we feel better informed by interacting with the supporter; *Companionship* is simply the time spent with a supporter, doing things that are perceived to be mutually enjoyable. It is the extent to which we don’t feel alone; and *Tangible Aid* is a practical resource provided by the supporter, such as helping with various chores, providing transportation, lending money, shopping, or some other form of concrete assistance. It is the extent to which we feel relieved of a burdensome task.

Figley (1989) proposes that the family, and the social support system in general serve to limit the emotional upset of traumatic events in four ways: by detecting symptoms; confronting the problem; recapitulating the traumatic events; and resolving the trauma-inducing conflicts associated with the events. Table 2.1 shows eleven functional variables that families utilise to manage and cope with traumatic responses and which may apply equally well to organisational environments. These functional variables point to a range of perspectives on the critical incident, and to interactions within the organisation, that can potentially enhance individual coping and the overall wellbeing of the organisation. The recognition of the event and the ensuing stresses as real and legitimate, and the acceptance that the problem is a collective one, leads organisations to engage in solution-seeking that is supportive and adaptive. Open and caring communication, a high level of cohesion, along with flexibility in roles and the efficient use of available resources, contribute to coping and restoration. These variables
are consistent with a salutogenic model, because they reflect a position that seeks to
acknowledge and maximise the collective capacity of the organisation to lead its own
healing.

**Table 2.1**

*Figley’s Functional Variables Used by Families to Cope with Traumatic Responses*

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<table>
<thead>
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<tr>
<td>1</td>
<td>Stressors are accepted as real and legitimate</td>
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<tr>
<td>2</td>
<td>The problem is viewed as an collective problem and not as a problem that is limited to the individual</td>
</tr>
<tr>
<td>3</td>
<td>The approach to the problem is to seek solutions, not to assign blame.</td>
</tr>
<tr>
<td>4</td>
<td>There is a high level of tolerance for individual disturbance.</td>
</tr>
<tr>
<td>5</td>
<td>Support is expressed clearly, directly, and abundantly in the form of praise, commitment and affection.</td>
</tr>
<tr>
<td>6</td>
<td>Communication is open and effective; there are few sanctions against what can be said. The quality of communication is good; messages are clear and direct.</td>
</tr>
<tr>
<td>7</td>
<td>There is a high degree of cohesion.</td>
</tr>
<tr>
<td>8</td>
<td>There is considerable flexibility of roles; individuals are not rigidly restricted to particular roles.</td>
</tr>
<tr>
<td>9</td>
<td>Resources – material, social, and institutional – are utilised efficiently.</td>
</tr>
<tr>
<td>10</td>
<td>There is no subculture of violence (emotional outbursts are not a form of violence).</td>
</tr>
<tr>
<td>11</td>
<td>There is no substance abuse.</td>
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</tbody>
</table>

The concept of secondary traumatic stress, discussed in Chapter 1, and identified as a possible impact on individuals involved in supporting those exposed to traumatic experience, also applies to collectives. For the same reasons that the family or other collective is effective in supporting a traumatised member, it is also susceptible to being traumatised in the process, by virtue of the empathy that members feel for the one who is traumatised. Just as individual members of families or other support systems can need
to attract the same opportunities for support as the direct victim, so too may
organisations as collectives warrant considered support. In the school setting this can
include such things as the provision of additional staff to lighten staff teaching loads,
modification of usual programs and processes, or special acknowledgement by a school
system of the local community.

**The Tasks of Wellness after Trauma in Organisations**

Dunning (1995) proposed 12 tasks of wellness to reflect a salutogenic approach
to crisis management in organisations, and to provide a guide to maximising the
preventative and restorative capacities of individuals and organisations alike. The tasks
of wellness that could be said to elaborate on Antonovsky’s dimensions of a sense of
coherence (manageability, comprehensibility, and meaningfulness), focus on supporting
individuals and the organisation in mobilising coping and restorative strategies and
mechanisms. Thus, an organisational culture that promotes wellness and mobilises the
tasks of wellness should be in a strong position to mitigate the impact of traumatic
events.

Manageability tasks include: *control* - a sense of empowerment or mastery in
meeting the demands of the traumatic event and the capacity to influence outcomes;
*cohesion* - a sense of being able to utilise social support networks; *communication* -
recognising the need to talk through the traumatic event, and having some significant
other in whom to confide; *comfort* - developing ways of finding relief, encouragement
or consolation; and *closure* - feeling that the event can be brought to closure and
achieving a sense of return to normalcy. Comprehensibility tasks include: *connection* -
relating traumatic reactions to the event and pursuing coping and restorative strategies;
clarification - seeking sufficient information to reduce confusion surrounding the circumstances of the event; coherence - being able to develop a logical and consistent account of the event; and cognition - ability to process knowledge of the event. Meaningfulness tasks include: challenge - perceiving the traumatic event as an experience from which to grow and develop; commitment - actively seeking resolution to trauma responses and retaining a sense of meaning that encompasses self, work, others and the future; and commemoration - participation in actions or rituals of memorial, healing or closure (Dunning, 1995).

Much theory and research on post-trauma reactivity in the workplace has been in relation to emergency service personnel (e.g., Paton & Violanti, 1996; Violanti, Paton, & Dunning, 2000). However, workplace trauma responses may be occupation-specific, implying that the effectiveness of research and intervention after workplace trauma may be a function of the conceptual validity of workplace trauma reactivity (Paton, 1997; Paton & Smith, 1999, Paton, et al., 2000). For example, an analysis of the psychometric properties of the Impact of Events Scale (Horowitz, Wilner & Alvarez, 1979), revealed cross-cultural and interprofessional differences, suggesting that profession-specific norms need to be developed for this instrument (Paton & Smith, 1999). Urban, rural, gender, and ethnic factors may also influence reactivity to trauma and need to be considered when assessing trauma impact (Paton, 1997).

Distinguishing characteristics of critical incidents in schools and the roles and responses of teachers in the aftermath of those events, as discussed in Chapter 1, suggest that tasks of wellness may require applications specific to schools and teachers.
Schools and Applications for Teachers

In the only study available, involving schools, Jackson & Bates (1997) examined teachers’ stress responses and coping strategies, and school management processes following the death of a student or colleague. Six discrete ‘wellness factors’ were identified: (a) emotional and practical support; (b) active involvement; (c) responding according to individual need; (d) access to information; (e) readiness; and (f) leadership. Each ‘wellness factor’ was found to comprise both personal and organisational components and the presence/absence and quality of each factor was considered to contribute to the effectiveness or ineffectiveness of teachers’ coping.

Teachers were found to draw heavily on their personal resources, but they also identified school response mechanisms as having a crucial impact on their capacity to cope effectively. The teachers interviewed considered that current response processes do not adequately address the needs of teachers. Yet, the stance taken by school leaders toward critical incident management planning, and the school’s response in the event of a critical incident, is crucial in determining the capacity of teachers to cope effectively with the complex demands of such events. Findings suggested that a salutogenic (wellness) approach to critical incident management in schools provides a comprehensive and effective model for supporting individuals and that the school is a crucial resource in limiting the impact of critical incidents.

A system’s approach to dealing with traumatic response, therefore, may be at least as significant as an individual’s approach, and possibly even more so. Although schools have little control over other pre-existing individual variables that influence traumatic response, or the experience of the actual traumatic event, the stance a school
takes, as a collective, towards critical incident management will exert a considerable influence on the recovery of the school community.

**Summary**

Salutogenic approaches to health and wellbeing have important implications for the management of critical incidents in schools. To date, there is no definitive explanation for the fact that, for some people, the experience of extreme trauma leads to the development of PTSD whereas, for the majority of others, posttraumatic symptoms are transitory. There is no available research that addresses the effectiveness of pre-trauma education and management planning and post-trauma interventions in preventing the onset of serious and/or chronic reactions. The possibility that posttraumatic growth exists alongside the negative aspects of traumatic experience raises issues for response strategies and mechanisms so that they are designed, not only to reduce the impact of negative consequences, but also to optimise the opportunities for growth. Little empirical research is available on the impact of trauma and loss in organisations, and on the role organisations play in promoting health and wellbeing following crises. It is possible that interventions that facilitate coping and enhance a person’s sense of wellbeing in the aftermath of trauma will minimise serious negative effect and maximise growth.

**Plan of the Empirical Work**

This thesis investigated the factors which contribute to, and enhance or hinder, the coping and restorative processes of teachers following a critical incident. It
examined the coping styles and strategies, and stress responses, of teachers, and school response mechanisms.

More specifically, the research aimed to:

(a) examine psychological and behavioural characteristics of teachers that predispose them to effective or ineffective coping;

(b) identify the elements of organisational (school) responses to critical incidents that facilitate or hinder effective recovery;

(c) examine the relationship between pathogenic and salutogenic approaches to Critical Incident management - whether the two approaches are mutually exclusive, or whether they exist along a continuum where, for example, the response emphasis may shift according to the nature of the event, the temporal proximity of the response to the event, or individual differences in coping styles and preferences; and

(d) identify wellness factors that may act as a guide to schools in facilitating individual and organisational healing and restoration following a critical incident.

The specific themes explored were drawn from current thinking and research on:

(a) salutogenic (or wellness) models of trauma response; (b) grief and trauma symptoms and responses; (c) traumatic events and organisations; and (d) individual and organisational factors that impact on coping and wellbeing.

Two linked studies were conducted in the research. Study 1 involved a self-report questionnaire that was distributed to all teachers in secondary Catholic schools in Tasmania. Both quantitative and qualitative methodologies were used in this study. The questionnaire gathered quantitative data comprising three self-report measures of personal characteristics (including two measures of wellbeing and one measure of personality), demographic data, and a survey of teachers’ previous experience of critical incidents. The additional section included a space to gather qualitative data in the form
of an autobiographical account of a critical incident. The personality and wellbeing measures were included so that pre-Study 2 data were available for the teachers selected to participate in Study 2. Further, the larger Study 1 sample allowed for an examination of the psychometric robustness of the measures. The survey of teachers’ previous experience of critical incidents was included to ascertain the extent of critical incident occurrence in the schools and to allow for some quantitative analysis of any relationships with current wellbeing.

Study 2 involved a more detailed examination of the experience of 30 teachers following critical incidents in their schools. Both quantitative and qualitative methodologies were used in this study. The Study 2 research questionnaire provided quantitative data on self-report measures of personality, posttraumatic growth, and personal trauma history, as well as demographic data. Study 2 involved teachers who had experienced a critical incident in their school in the period after Study 1 had been administered. Analysis of these data, in conjunction with the Study 1 data from the same participants, enabled an examination of the impact of the critical incident in relation to personal characteristics that were present before the event under consideration.

The second component of Study 2 consisted of a semi-structured interview that was designed to explore teachers’ personal experiences of the critical incident. There were several advantages to the use of the interview process. It allowed for the gathering of quantitative estimations of the impact of the event, measured according to the criteria for Acute Stress Disorder (DSM-IV-TR, 2001), of personal coping responses, and of the presence or absence of school organisational factors that are thought to help or hinder teacher coping following a critical incident. The quantitative methodology also allowed for the fleshing out of qualitative data. Importantly, the interview process permitted the
participants to express how they experienced the critical incident without having to limit their reports to a number of a priori categories, as is the case with quantitative methods of research. This process also allowed participants to elaborate on examples of the experience they were describing. Finally, the qualitative methodology allowed the participant to raise important issues for them that had not previously been addressed in the study, and were not anticipated by the researcher.

**The Specific Research Questions**

Within the context of the general aims of the research, specific research questions emerged from the salutogenic model of trauma response. Three specific questions were addressed about the identification of critical incidents in schools, the factors influencing teachers’ coping, and the implications for school crisis intervention and management:

1. Should commonly occurring events, such as the death of a student or colleague, be regarded as critical incidents in schools?

2. Do pre-existing personal wellbeing and resources influence an individual’s stress response following critical incidents in schools, and is individual wellbeing prior to a critical incident related to adjustment, including ongoing wellbeing and growth, after an event?

3. What is the interface between the individual and the organisation following critical incidents, including the impact of intervention and management strategies on an individual’s sense of wellbeing within the organisation?

Findings in relation to these specific research questions were expected to form the basis for recommendations for the planning and implementation of school critical
incident intervention strategies. Finally, given the seminal nature of this research, the findings were examined to identify directions for further research.

Chapter 3 provides details of the teachers who participated in the research. The research questions are then addressed via the aims of the two studies presented in Chapters 4 and 5.
CHAPTER 3
SELECTION AND DESCRIPTION OF PARTICIPANTS

This chapter describes the participating schools and teachers in the research in terms of selection criteria, methods of selection, and sample characteristics. Section 1 describes the recruitment and characteristics of participating schools. Section 2 describes the characteristics of participating teachers.

Recruitment of Participating Schools

Permission to conduct the research for the present thesis was granted by the Director of Catholic Education in Tasmania who, through a representative, put the proposal for the research to a meeting of the Principals of all Catholic secondary schools in the state \( n=12 \). All twelve principals agreed to provide the researcher with access to teachers in their schools, and agreed that the researcher would make contact with individual principals to arrange access to their respective school staffs and to invite their participation in the research.

In order to improve their understanding of the background to the research, including grief and trauma issues and Critical Incident management in schools, the Principals were invited by the researcher and the Catholic Education Office to dedicate one of their bi-termly meetings to their own professional development on this issue. As well as the 12 participating secondary school Principals, the Principals of all Catholic feeder primary schools in Tasmania \( n=27 \) were involved in this initiative - a total of thirty-nine schools, thereby covering every Catholic school in Tasmania. Content for this professional development program included: a rationale for the development of
school-specific Critical Incident Management Plans, including an overview of relevant research; an overview of typical grief and trauma symptoms and responses; and general principles of school recovery and issues particular to schools.

Each participating school was provided with a generic critical incident management plan that emphasised a wellness perspective, and offered the necessary support to modify the plan to the school’s particular needs. Principals were encouraged to provide professional development for all staff on the rationale behind the plan, and issues for implementation.

This pre-study education phase of the research was important for two reasons. First, it was hoped that, apart from anticipated outcomes of the completed research, school participation in the research would have some immediate benefits by prompting schools to advance their understanding of critical incidents and response and recovery issues (based on the wellness approach emphasised in the CEO Critical Incident Management Plan). Second, the pre-study education phase was offered to prompt schools to engage in an evaluation of current school response mechanisms and to engage in appropriate critical incident planning and education. Engagement in these outcomes, and methods of so doing, were left to the discretion of participating school Principals. Eight of the eleven participating schools subsequently initiated professional development programs for staff, and reviews of critical incident management procedures in their schools.

**Characteristics of Participating Schools**

The researcher contacted each school Principal separately to arrange for the distribution of the first study instrument. Six principals elected to handle this
distribution themselves, while five principals nominated a contact person on the staff. In either case the Principal or his/her nominee was responsible for (a) presentation of the research proposal to all staff; (b) inviting staff participation; (c) the distribution of the research instruments for the first study; and (d) the collection and return of the research instruments. Participants had the option of returning the questionnaire directly to the researcher via a pre-paid envelope, or returning them, in sealed envelopes, to their school representative for forwarding to the researcher.

Table 3.1 describes the participating schools which included two systemic schools, three independent schools, and six Network schools. Systemic schools in Tasmania are schools fully governed and managed by the Tasmanian Catholic Education Office. The Independent schools are wholly governed and managed by one or more Catholic Religious Orders. Network schools are governed independently by one or more Catholic Religious Orders, but co-operate as a network for purposes of funding distribution and equity.

Nine schools were co-educational, two schools were girls only and one school was boys only. Seven schools were suburban schools, located in the Tasmanian capital city of Hobart, and five schools were located in country areas, including four in the north of Tasmania and one in the south. The Catholic system in Tasmania nominally divides the schools into three regions, on the basis of locality: Southern region – incorporating eight schools in the south of the state; Northern region – incorporating two schools in the north/north-east of the state; and North-West region – incorporating two schools in the north-west of the state. School enrolment levels ranged from 97 students to 1050 students. Seven of the participating schools maintain a Primary school component as well as their secondary school enrolment. For the purposes of this study, only the secondary school teachers were involved as participants. One school was a dual
campus senior college (students from Years 11 & 12 only), four schools enrolled secondary students from Years 7 to 12, and seven schools enrolled secondary students from Years 7 to 10.

**Table 3.1**  
*Characteristics of Participating Schools*

<table>
<thead>
<tr>
<th>School</th>
<th>Gender</th>
<th>Year levels</th>
<th>Location In Tasmania</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>School 1</td>
<td>Co-ed</td>
<td>K-10</td>
<td>North</td>
<td>95</td>
</tr>
<tr>
<td>School 2</td>
<td>Co-ed</td>
<td>7-12</td>
<td>North-west</td>
<td>610</td>
</tr>
<tr>
<td>School 3</td>
<td>Co-ed</td>
<td>7-12</td>
<td>North</td>
<td>1110</td>
</tr>
<tr>
<td>School 4</td>
<td>Co-ed</td>
<td>7-12</td>
<td>North-west</td>
<td>636</td>
</tr>
<tr>
<td>School 5</td>
<td>Co-ed</td>
<td>K-10</td>
<td>South</td>
<td>182</td>
</tr>
<tr>
<td>School 6</td>
<td>Girls</td>
<td>K-10</td>
<td>South</td>
<td>260</td>
</tr>
<tr>
<td>School 7</td>
<td>Co-ed</td>
<td>K-10</td>
<td>South</td>
<td>423</td>
</tr>
<tr>
<td>School 8</td>
<td>Boys</td>
<td>7-10</td>
<td>South</td>
<td>453</td>
</tr>
<tr>
<td>School 9</td>
<td>Co-ed</td>
<td>7-10</td>
<td>South</td>
<td>496</td>
</tr>
<tr>
<td>School 10</td>
<td>Girls</td>
<td>K-12</td>
<td>South</td>
<td>438</td>
</tr>
<tr>
<td>School 11</td>
<td>Co-ed</td>
<td>7-10</td>
<td>South</td>
<td>351</td>
</tr>
<tr>
<td>School 12</td>
<td>Co-ed</td>
<td>11-12</td>
<td>South</td>
<td>925</td>
</tr>
</tbody>
</table>

*Note:* Co-ed = boys and girls enrolment; Girls = girls-only enrolment; Boys = boys-only enrolment; K= Kindergarten.

While all 12 schools form the Catholic system in Tasmania, no centralised structures or policies govern the management of critical incidents in the schools. Individual school principals are responsible for developing policy and critical incident intervention and management strategies that are appropriate to the particular needs of their schools.
Characteristics of Participating Teachers

Through their respective school Principals, every secondary teacher \((n=429)\) in the Catholic School system in Tasmania was invited to participate in the study.

**Response Rates**

Table 3.2 shows the distribution and response rates of teachers in Study 1 and Study 2. Responses to the first study were received from 245 teachers drawn from across the twelve Catholic secondary schools. The overall response rate for Study 1 was 57.1%. The response rates from each school ranged from 34.1% to 100% of the total secondary teachers in each school. Participants in Study 2 \((n=30)\) were drawn from four schools, three of which had experienced one critical incident subsequent to Study 1, and one of which had experienced two separate critical incidents since Study 1. In the school where two incidents were examined, a different sample of teachers participated in each case study.

**Table 3.2**

*School Staff Response and Participation Rates*

<table>
<thead>
<tr>
<th>School</th>
<th>Total Staff (n)</th>
<th>Study 1: Number of Respondents</th>
<th>Study 1 Response Rate</th>
<th>Study 2: Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>School 1</td>
<td>9</td>
<td>8</td>
<td>88.9%</td>
<td>-</td>
</tr>
<tr>
<td>School 2</td>
<td>45</td>
<td>43</td>
<td>95.6%</td>
<td>14</td>
</tr>
<tr>
<td>School 3</td>
<td>77</td>
<td>31</td>
<td>40.3%</td>
<td>5</td>
</tr>
<tr>
<td>School 4</td>
<td>44</td>
<td>15</td>
<td>34.1%</td>
<td>-</td>
</tr>
<tr>
<td>School 5</td>
<td>13</td>
<td><strong>18</strong></td>
<td>100%</td>
<td>6</td>
</tr>
<tr>
<td>School 6</td>
<td>17</td>
<td>17</td>
<td>100%</td>
<td>-</td>
</tr>
<tr>
<td>School 7</td>
<td>28</td>
<td>16</td>
<td>57.1%</td>
<td>-</td>
</tr>
<tr>
<td>School 8</td>
<td>32</td>
<td>19</td>
<td>59.4%</td>
<td>-</td>
</tr>
<tr>
<td>School 9</td>
<td>33</td>
<td>14</td>
<td>39.4%</td>
<td>-</td>
</tr>
<tr>
<td>School 10</td>
<td>36</td>
<td>16</td>
<td>44.4%</td>
<td>-</td>
</tr>
<tr>
<td>School 11</td>
<td>26</td>
<td>20</td>
<td>76.9%</td>
<td>-</td>
</tr>
<tr>
<td>School 12</td>
<td>69</td>
<td>28</td>
<td>40.6%</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>429</td>
<td>245</td>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>

** Some primary teachers were inadvertently included in the sample by this school.
Participants’ Ages and Gender

Participants’ ages were recorded in four age brackets: 20-29 years, 30-39 years, 40-49 years, and 50 years or more (see Table 3.3). In Study 1, the largest proportion of teachers was in the 40-49 years group (36.7%), while numbers in the other three age brackets were fairly evenly distributed (16.7% to 23.3%). In Study 2 the youngest age group represented 6.7% of the total, and the remaining participants were evenly distributed across the older three age brackets (30.0% to 33.3%). Study 2 participants reflected an acceptable reflection of the distribution of ages in Study 1.

Table 3.3. Distribution of Participants’ Ages

<table>
<thead>
<tr>
<th>Age range</th>
<th>20-29 years</th>
<th>30-39 years</th>
<th>40-49 years</th>
<th>50 years plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>41</td>
<td>51</td>
<td>90</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>(16.7%)</td>
<td>(20.8%)</td>
<td>(36.7%)</td>
<td>(23.3%)</td>
</tr>
<tr>
<td>Study 2</td>
<td>2</td>
<td>9</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(6.7%)</td>
<td>(30%)</td>
<td>(30%)</td>
<td>(33.3%)</td>
</tr>
</tbody>
</table>

Note: Study 1: N=245, missing data n=6; Study 2: N=30

In Study 1, 91 participants were male (37.1%) and 147 were female (60%). In Study 2, 11 participants were male (36.7%) and 19 were female (63.3%), thus reflecting the gender distribution of Study 1 participants.

Participants’ Years of Service

Years of service in the current school and total years teaching were recorded in five groupings as follows: five years or less, six to ten years, 11-15 years, 16-20 years and 21 years or more (see Table 3.4).

The largest proportion of participants was found in the group with 21 years or more of total teaching experience. Similar proportions were found in the 5 years or less,
the 11-15 years, and the 16-20 years brackets. Teachers with 6-10 years teaching experience represented the smallest group.

Almost half of the participants had been teaching in their current school for five years or less, approximately a quarter had taught there for 6-10 years, and the remainder were reasonably evenly distributed across the three longer serving brackets. Table 3.4 shows the participants’ years of teaching in current school and total years teaching

<table>
<thead>
<tr>
<th></th>
<th>5 years or less</th>
<th>6-10 years</th>
<th>11-15 years</th>
<th>16-20 years</th>
<th>21 years or more</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In current school</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study 1</td>
<td>131</td>
<td>58</td>
<td>23</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>53.5%</td>
<td>23.7%</td>
<td>9.4%</td>
<td>5.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Study 2</td>
<td>18</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>60%</td>
<td>13.3%</td>
<td>6.7%</td>
<td>6.7%</td>
<td>13.3%</td>
</tr>
<tr>
<td><strong>Total years teaching</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study 1</td>
<td>46</td>
<td>34</td>
<td>48</td>
<td>44</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>18.8%</td>
<td>13.9%</td>
<td>19.6%</td>
<td>18.0%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Study 2</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>10.0%</td>
<td>23.3%</td>
<td>13.3%</td>
<td>10.0%</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

*Note: Study 1: N=245, missing data n=3; Study 2: N=30*

The figures in Table 3.4 indicate a relatively experienced staffing population in the schools with approximately two thirds (66.2%) having taught for a total of 11 years or more. The years of service in the current school suggest a degree of mobility. However, it could be considered that there is a good range of experience and staffing stability in the schools. Participants in Study 2 had more teaching experience than those in Study 1, overall, as well as in their current schools. This may be a reflection of the selection process for Study 2 participants, where school Principals were asked to nominate participants who would be willing and able to reflect on the personal and
professional impact of the event under consideration. More experienced teachers are likely to have been more cognizant of the response mechanisms enacted after the event and therefore were considered to be in a good position to make informed comment.

**Participants' Roles**

Roles filled by participants in their respective schools are shown in Table 3.5. Positions of responsibility held included: school principals ($n=5$), senior management, including deputy principals and senior management ($n=25$); subject coordinators ($n=56$); Year level coordinators ($n=26$); and Home Class tutors ($n=75$). Two other groups were identified: counsellors ($n=9$); and ancillary staff, including laboratory technicians, librarians, teacher aides ($n=9$). With the exception of the ancillary staff, and some principals and counsellors, all participants held multiple roles, including teaching roles.

**Table 3.5**

*Roles Filled by Participants in their Current Schools*

<table>
<thead>
<tr>
<th>Role</th>
<th>Study 1</th>
<th>Study 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Classroom Teacher</td>
<td>188</td>
<td>76.7</td>
</tr>
<tr>
<td>Home Class Tutor</td>
<td>86</td>
<td>35.1</td>
</tr>
<tr>
<td>Subject coordinator</td>
<td>67</td>
<td>27.3</td>
</tr>
<tr>
<td>Year coordinator</td>
<td>28</td>
<td>11.4</td>
</tr>
<tr>
<td>Management</td>
<td>32</td>
<td>13.1</td>
</tr>
<tr>
<td>Principal</td>
<td>7</td>
<td>2.9</td>
</tr>
<tr>
<td>Counsellor</td>
<td>13</td>
<td>5.3</td>
</tr>
<tr>
<td>Ancillary</td>
<td>11</td>
<td>4.5</td>
</tr>
</tbody>
</table>

The participants in both Studies 1 and 2 represented a range of ages, gender, and experience, and performed a cross-section of roles within the school. They also
undertook a range of formal and informal roles in the management responses following the occurrence of a critical incident in their schools. The higher proportion of Principals and Management personnel in Study 2 reflects the level of concern of senior management in the schools for the issue under consideration and their interest in contributing to the study.

Chapter 4 reports on Study 1, which involved all 245 teachers, and included self-report measures of Sense of Coherence, Psychological Well-being, and Personality of participants, participants’ school trauma history including previous experiences of critical incidents and narrative accounts of a previous traumatic experience. Chapter 5 presents Study 2, which focused on specific incidents experienced post-Study 1 and involved 30 participants from the Study 1 sample, includes an analysis of data gathered from a semi-structured interview with each participant based on an account of their personal experience of a critical incident that has occurred in their schools subsequent to Study 1, and measures of personality characteristics, post-traumatic growth and personal trauma history.
CHAPTER 4

STUDY 1: PRE-INCIDENT MEASURES OF INDIVIDUAL CHARACTERISTICS, SCHOOL TRAUMA HISTORY, AND AUTOBIOGRAPHICAL ACCOUNTS

This chapter describes the first of two studies in the research. Study 1 aimed to (a) obtain a profile of the teachers in terms of the individual characteristics of Sense of Coherence (SOC), Psychological Well-being (PW), and Personality; and (b) gather data regarding previous experiences of critical incidents and narrative accounts of previous traumatic experiences. Section 1 describes the research questionnaire (see Appendix A) and includes the results of individual measures of SOC, Psychological Well-being, and Personality. Section 2 presents an analysis of the teachers’ school trauma histories, including the types of events experienced by each individual and reports on relationships among individual school trauma history, SOC, Psychological Well-being, and Personality. Section 3 presents an analysis of the autobiographical narrative accounts of specific critical incidents nominated by each participant.

Based on the earlier review of theoretical and empirical research it was expected that:

1. Commonly occurring events would be regarded as critical incidents by teachers, and that these events would have the potential to evoke strong responses;
2. Responses by teachers to critical incidents in schools would include typical grief or distress responses as well as psychological trauma responses;
3. Collective (organisational) as well as individual issues would be important to teachers when considering critical incident response and support mechanisms; and
4. Attention to salutogenic factors such as the Wellness Factors, Sense of Coherence, Psychological Wellbeing, and Posttraumatic Growth would enhance coping following a critical incident.

The Research Questionnaire

The research questionnaire comprised three sections. The first section included three self-report measures: (a) the Psychological Wellbeing Scale (Ryff, 1995); (b) the Sense of Coherence Scale (Antonovsky, 1987); and (c) the Eysenck Personality Inventory (EPI-Short form; Eysenck, 1958). The second section consisted of: (a) demographic data (presented in Chapter 3); (b) a short survey of each participant’s experience of critical incidents in schools in which they currently teach or have taught in the past; and (c) space for an autobiographical account of a critical incident that had impacted on the participant. The final section invited participants to indicate their interest in receiving a copy of a summary of the completed study, and their willingness to participate in the second phase of the study.

Self Report Measures

Psychological Wellbeing Scale

Psychological Wellbeing (PW) was measured with an 18-item short form of the Psychological Wellbeing Scale developed by Ryff & Keyes (1995). This scale was chosen because it measures six distinct dimensions of wellbeing: self-acceptance; personal growth; purpose in life; positive relations with others; environmental mastery; and autonomy. These six dimensions describe Psychological Wellbeing in terms of the
presence of positive attributes rather than the absence of mental illness and are measured by 3 items each on the scale. Each scale contained both positively and negatively phrased items. A 6-point Likert scale recorded responses ranging from “1” (completely disagree) to “6” (completely agree).

The development of the short-form scale involved an initial validation study (Ryff, 1989), in which each dimension was operationalised with a 20-item scale consisting of approximately equal positive and negative items. Ryff reported Cronbach’s alpha coefficients for the scales ranging from .86 to .93. Test-retest reliability coefficients (over a six-week period) ranged from .81 to .88.

Ryff (1989) demonstrated the convergent validity of the scale with positive and significant correlations with five prior measures of positive functioning - Affect Balance Scale (Bradburn, 1969), Life Satisfaction Index (Neugarten, Havighurst & Tobin, 1961), Self-Esteem Scale (Rosenberg, 1965), Locus of Control - Internal (Levenson, 1974) and Revised Philadelphia Geriatric Center Morale Scale (Lawton, 1975). Coefficients ranged from .25 to .73.

Discriminant validity was shown via negative and significant correlations with three established prior measures of negative functioning - Locus of Control-Powerful Others, and Chance (Levenson, 1974), and Zung Depression Scale (Zung, 1965). Coefficients ranged from -.30 to -.60. Intercorrelations amongst the six dimensions were all positive and significant and ranged from .32 to .76. The two highest intercorrelations (self-acceptance & environmental mastery -.76, and self-acceptance & purpose in life -.72) suggest that these dimensions may not be empirically distinct from one another. Nevertheless, these dimensions loaded onto different factors of psychological wellbeing and showed differential age profiles. They, therefore, could be said to represent different facets of positive psychological functioning.
Some of the six dimensions show convergence with prior measures of wellbeing. Self Acceptance, Environmental Mastery and, to some extent, Purpose in Life were highly correlated (positively or negatively) to measures of life satisfaction, affect balance, self-esteem, depression and morale (r ranged from .55 to .73), whilst positive relations with others, autonomy and personal growth were not strongly correlated with prior indices (r ranged from .25 to .45). These results suggest that prior indices of wellbeing do not address aspects of psychological wellbeing that are given repeated emphasis in the theoretical literature (Ryff, 1989).

The shortened 3-item scale used in this study was derived from the original scale by including three of the original 20 items used to measure each dimension (Ryff & Keyes, 1995). These shortened scales correlated from .70 to .89 with the parent scales. Each item correlated strongly and positively only with its own scale. Scale intercorrelations were modest (r ranged from .13 to .46), and estimates of internal consistency alpha coefficients low to modest (r ranged from .33 to .56). These modest alpha coefficients most likely reflect the small number of items per scale. However, these results are offset by the strong internal consistency of each scale. Four different indices of fit based on weighted least squares estimation demonstrated the fit of the six dimensions to the data used and that the six dimensions measured a single construct called psychological wellbeing (Ryff & Keyes, 1995).

**Sense of Coherence: The Orientation to Life Questionnaire**

Sense of Coherence was measured by a 13-item short-from version of the Orientation to Life Questionnaire (OLQ) developed by Antonovsky (1987). The Sense of Coherence scale measures a dispositional orientation that indicates how a person looks at the world in general as distinct from how a person responds variously to different specific situations.
The OLQ was developed using grounded theory to operationalise the SOC and its components of comprehensibility, manageability, and meaningfulness. Using the facet technique as a tool, a mapping question was drafted and 29 questionnaire items established. The 29-item OLQ comprises eleven comprehensibility, ten manageability, and eight meaningfulness items, each measured on a 7-point Likert scale. The description of the 7-point range for each item varies according to the particular item with “1” being the lowest rating and “7” being the highest.

Studies indicate that the OLQ is psychometrically robust - across a range of studies, consistently high levels of Cronbach’s alpha (.74 to .95) point to a respectable degree of internal consistency and reliability (Antonovsky, 1993, 1996a; Bowman, 1996; Pallant, & Lae, 2002; Post-White et al., 1996; Wolff & Ratner, 1999). Evidence of convergent and discriminant validity has been demonstrated. Significant positive correlations were established between an independently developed scale to measure SOC and the OLQ ($r=.639$), and Rotter’s Internal-External Locus of Control Scale ($r=.385$). In a study of culturally diverse groups, significant negative correlations with the OLQ were found for measures of depression (BDI = -.49 to -.66), anxiety (STAI-T = -.43 to -.64), and physical health (WPS= -.29 to -.41) (Bowman, 1996).

The OLQ was developed using data from exclusively Israeli subjects, although Antonovsky predicted that people from various cultures might attain similar levels of SOC despite great socio-economic differences (Antonovsky, 1990b). He judged that the belief that stressors can be comprehended and managed (with the help of others if needed) and are worthy of engagement, is universally culturally acceptable. This is provided that the criteria for determining comprehensibility, the ways of management, or the reasons for meaningfulness are not specified. This prediction was verified in a cross-cultural study involving Native Americans and Anglo-Americans representing
dramatically different cultures, and significantly different socio-economic conditions and family sizes (Bowman, 1996). It was shown that such diverse groups can develop essentially the same levels of SOC. Significant negative correlations with the OLQ were found for measures of depression (BDI= -.49 to -.66), anxiety (STAI-T=.43 to -.64), and physical health (WPS= -.29 to -.41). Sense of Coherence, therefore, may be said to develop by differing cultural paths, but may be a global orientation that transcends cultural lines (Bowman, 1996; Antonovsky, 1987).

**Eysenck Personality Inventory**

Personality dimensions were measured using a sort form of the Eysenck Personality Inventory (EPI; Eysenck, 1958). The 12-item short form of the EPI was used to measure the relatively stable personality traits of extraversion and neuroticism and comprised six items for each scale. Participants were required to answer ‘yes’ or ‘no’ according to how they generally are (as opposed to how they think they should be).

Eysenck’s (1958) EPI 12-item scale was derived from a previous 24-item scale that had demonstrated high reliability for both neuroticism (α=.88) and extraversion (α=.83), and independence of the two constructs (correlation r= -.09). On the 12-item scale split-half reliabilities (corrected) were r=.79 for neuroticism and r=.71 for extraversion. Correlation between extraversion and neuroticism was r=-.05.

**Results**

Results of interactions among the dimensions of Psychological Wellbeing, Sense of Coherence and EPI Personality are shown in Table 4.1. Means and standard deviations for self-report measures by gender are shown in Table 4.2, and by age in
Table 4.3. Age is recorded in four groups: 20 to 29 years; 30 to 39 years; 40 to 49 years; and 50 years or more.

**Psychological Wellbeing, Sense of Coherence and Personality**

*Psychological Wellbeing*

The reliability of the overall scale in the present sample was satisfactory, showing a reliability coefficient of $\alpha=.72$. The reliability of each of the six dimensions ranged from $\alpha=.59$ (Personal Growth) to $\alpha=.23$ (Self Acceptance). On the basis of corrected item total correlations and the effect on alpha if an item was deleted, Item 6 was dropped from the Self Acceptance scale ($r_{it,i} = .13$). Thus, internal consistency improved to .77 for the overall PW scale and to .48 for the Self Acceptance scale. Whilst the reliability of the Purpose in Life scale was low ($\alpha=.26$) corrected item correlations revealed little improvement on alpha if any item was deleted. This is likely a product of the small number of items on the scale. The relationship between Psychological Wellbeing overall and each of the six dimensions was strong and significant, ranging from $r=.62$ ($p<.01$) for Autonomy, to $r=.75$ ($p<.01$) for Self-Acceptance.

Table 4.1 shows that the relationships among the six dimensions of Psychological Wellbeing were modest to moderate. Moderate and significant relationships ($p<.01$) were shown between Self Acceptance and Environmental Mastery ($r=.41$), Relations with Others ($r=.45$), and Personal Growth ($r=.46$). Other relationships among the six dimensions of Psychological Wellbeing were modest and significant ($p<.01$), the highest being between Self Acceptance and Purpose in Life ($r=.39$), and the lowest being between Relations with Others and Autonomy ($r=.20$). These relationships
confirm that the six dimensions are generally discrete concepts each strongly related to overall Psychological Wellbeing. These findings reflect the range of intercorrelations found in the psychometrics of the 3-item scale (Ryff & Keyes, 1995).

A one-way multiple analysis of variance (MANOVA) for gender showed significant differences for the six subscales of PW (Pillai’s Trace=.08, $F(6, 229)=3.34$, $p<.01$). Inspection of the univariate comparisons showed that the significant gender difference was confined to Relations with Others ($F(1, 234)=15.90, p<.001$) and Purpose in Life ($F(1, 234)=5.68, p<.05$). The means for Relations with Others and Purpose in Life were higher for women than for men (see Table 4.2). No significant age differences were noted (see Table 4.3 for means and standard deviations).

**Orientation to Life Questionnaire (OLQ)**

The OLQ measured Sense of Coherence and its three components, manageability, comprehensibility and meaningfulness. The scale showed high reliability overall ($\alpha=.80$), and the scale components showed alpha reliabilities of .37 for Meaningfulness, .63 for Manageability, and .63 for Comprehensibility. Examination of alphas if items were deleted showed that if Item 1 (“Do you have the feeling that you don’t really care about what goes on around you?”) was removed from the Meaningfulness scale, alpha improved to .71 and the overall Sense of Coherence scale alpha improved to .85. Hence, this item was removed from further analyses.
Table 4.1
Reliability Coefficients and Intercorrelations among Psychological Wellbeing (PW), Sense of Coherence (SOC), and Personality (EPI)

<table>
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<th>1.</th>
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<td>.18**</td>
<td>.19**</td>
<td>.16</td>
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<td>.26**</td>
<td>.11</td>
<td>.10</td>
<td>.19</td>
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*Note:* Values in bold are alpha reliability coefficients; other figures are Pearson’s r correlations, ** significant at .01 (2-tailed), * significant at .05 (2-tailed).  
PW = Psychological Wellbeing; SOC = Sense of Coherence; EPI = Eysenck Personality Inventory
<table>
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<td>7.76</td>
<td>5.12</td>
<td>5.44</td>
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*N=239. Note: PW = Psychological Wellbeing; SOC = Sense of Coherence; EPI = Eysenck Personality Inventory*
Table 4.3  

<table>
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<tr>
<th></th>
<th>20-29yrs (n=41)</th>
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<th>30-39yrs (n=51)</th>
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<th>40-49yrs (n=90)</th>
<th></th>
<th>50+yrs (n=57)</th>
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<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
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<tr>
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<td>8.83</td>
<td>80.71</td>
<td>9.39</td>
<td>82.96</td>
<td>7.56</td>
<td>83.31</td>
<td>8.93</td>
</tr>
<tr>
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<td>2.47</td>
<td>13.59</td>
<td>2.33</td>
<td>13.93</td>
<td>2.15</td>
<td>13.96</td>
<td>2.38</td>
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<td>2.76</td>
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<td>2.11</td>
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<td>14.94</td>
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<td>15.16</td>
<td>2.44</td>
<td>15.18</td>
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<td>10.87</td>
<td>64.66</td>
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<td>67.87</td>
<td>9.26</td>
<td>69.28</td>
<td>11.54</td>
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<td>18.96</td>
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<td>3.65</td>
<td>20.84</td>
<td>3.76</td>
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<td>5.05</td>
<td>23.94</td>
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<td>4.21</td>
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<td>14.22</td>
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<td>5.84</td>
<td>6.65</td>
<td>7.32</td>
<td>6.79</td>
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N=239. Note: PW = Psychological Wellbeing; SOC = Sense of Coherence; EPI = Eysenck Personality Inventory
Correlations between Sense of Coherence overall score and its three components were very strong (manageability $r=.88$; comprehensibility $r=.92$; meaningfulness $r=.77$) confirming the relationship of each component to overall SOC. Intercorrelations between the components ranged from $.55$ to $.69$ reflecting acceptable internal consistency.

A one-way analysis of variance (ANOVA) for age (20-29 years; 30-39 years; 40-49 years; and 50-plus years) as a between subjects factor revealed differences for Sense of Coherence overall across the different age groupings ($F(3, 234)=3.62, p<.05$). Comparison of means using Student Neuman Kuels (SNK) post hoc comparisons showed that participants in the age group 50-plus years were significantly higher than the and 20-29 years and the 30-39 years age groups, and the 40-49 years age group fell in between indicating that they did not significantly differ from the others. The means and standard deviations by age are shown in Table 4.3.

A MANOVA for age showed significant differences among the three dimensions of SOC (Pillai’s Trace=.08, $F(9, 702)=2.06, p<.05$). Inspection of the univariate comparisons showed that the significant age difference was located in Manageability ($F(3, 234)=3.79, p<.05$) and Meaningfulness ($F(3, 234)=4.32, p<.01$). Comparison of means using Student Neuman Kuels (SNK) post hoc comparisons showed that participants in the age group 50 years plus were significantly higher on both Manageability and Meaningfulness than the and 20-29 years and 30-39 years age groups, and the 40-49 years age group fell in between indicating that they did not significantly differ from the others (see Table 4.3 for means and standard deviations).

ANOVA for gender showed no difference for SOC overall. A MANOVA for gender showed significant differences among the three dimensions of SOC (Pillai’s Trace=.05, $F(3, 233)=3.76, p<.05$). Inspection of the univariate comparisons showed
that significant gender differences emerged for Meaningfulness ($F(1, 235)=8.00, p<.01$) with the mean for women being higher than for men (see Table 4.2).

**Personality (EPI)**

The correlation between Neuroticism and Extraversion was negative and very low ($r=-.08$) supporting the independence of the two dimensions of personality. Reliability of the personality dimension of Neuroticism was high with an alpha coefficient $\alpha=.70$. Reliability of the personality dimension of Extraversion was moderate with an alpha coefficient $\alpha=.55$. MANOVA’s showed no significant differences for age ($F(3,230)=.94, p>.05$) or gender ($F(2,230)=.31, p>.05$) on the two personality dimensions (see Tables 4.2 & 4.3 for means and standard deviations).

**Relationship between Sense of Coherence and Psychological Wellbeing**

Psychological Wellbeing, as measured by a total score on Psychological Wellbeing scale and Sense of Coherence, as measured by a total score on the Orientation to Life Questionnaire showed a positive, strong and significant correlation. Table 4.1 shows moderate and significant correlations of SOC with all six dimensions of Psychological Wellbeing, ranging from Personal Growth ($r=.37, p<.01$) to Self Acceptance ($r=.56, p<.01$). These correlations fell well within the range of correlations found in Ryff’s validation study where Psychological Wellbeing was demonstrated to show positive and significant correlations with five prior measures of positive functioning (Ryff, 1989).

**Relationships among Personality, Sense of Coherence, and Psychological Wellbeing**

Table 4.1 shows that the correlations among Neuroticism and the measures of positive functioning (SOC & PW) were modest, negative and significant, the exception being with SOC Comprehensibility where a moderate relationship was shown. When relationships among Extraversion and the measures of positive functioning were
examined, a modest, positive and significant correlation was found with PW, and no significant correlation with SOC.

Positive and modest, significant correlations are evident between Extraversion and Self Acceptance, Autonomy, Environmental Mastery, Personal Growth, and Personal Relations with Others (r’s ranging from .15 to .28). Stronger, though still modest, negative correlations were found between Neuroticism and Self Acceptance, Autonomy, Environmental Mastery, Positive Relations with Others and Purpose in Life (r’s ranging from -.17 to -.33). Overall, Environmental Mastery, Autonomy, Self Acceptance and Relations with Others are the dimensions of Psychological Wellbeing that bear the greatest relationship to personality.

Participants’ School Trauma History

Participants’ school trauma histories were examined in terms of the types of school trauma events experienced by each participant, and via their autobiographical narrative accounts of a critical incident they nominated as being particularly stressful.

School Trauma Events Experienced

Participants were provided with nine categories of incidents involving the death, serious injury, or threat of serious injury to students or school staff members, the abduction or disappearance of a student or school staff member, and the threat of, or actual, serious damage to school buildings or property. Participants recorded the frequencies of each event in any school in which they had been a member of staff at the time of the incident.

A total of 87.7% of participants reported experiencing at least one critical incident in a school in which they were staff members. Table 4.4 shows the frequency with which different types of incidents were reported. As shown in Table 4.4, overall,
53.9% of participants \((n=132)\) reported 1-5 events, 27.3% reported 6-10 events \((n=67)\), and another 6.5% \((n=16)\) reported 11-15 events and 6.5% \((n=16)\) reported greater than 15 events. Deaths were by far the most frequently reported type of incident.

**Table 4.4**

*Frequency of Incidents Reported by Participants*

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Number of Incidents Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-5</td>
</tr>
<tr>
<td>Death by accident</td>
<td>118</td>
</tr>
<tr>
<td>Death by violent crime</td>
<td>20</td>
</tr>
<tr>
<td>Death by natural cause</td>
<td>143</td>
</tr>
<tr>
<td>Serious injury by accident</td>
<td>105</td>
</tr>
<tr>
<td>Serious injury by violent crime</td>
<td>13</td>
</tr>
<tr>
<td>Abduction or Disappearance</td>
<td>22</td>
</tr>
<tr>
<td>Threat of serious injury</td>
<td>55</td>
</tr>
<tr>
<td>Threat of property damage</td>
<td>65</td>
</tr>
<tr>
<td>Actual property damage</td>
<td>76</td>
</tr>
<tr>
<td>Total participants reporting number of incidents</td>
<td>132</td>
</tr>
</tbody>
</table>

\(N=231\)

A one-way analysis of variance (ANOVA) with Age (20-29 years; 30-39 years; 40-49 years; 50 years plus) as a between subjects factor revealed a significant difference in the Total Incidents Reported across the different age groupings \((F(3, 228)=3.48, p<.05)\). Student Neuman Kuels (SNK) post hoc tests show that people in the 50-plus years age group \((M=7.32, SD=6.79)\) reported significantly more incidents than those in the 20-29 years age group \((M=3.22, SD=6.53)\). The number of incidents reported in the other two age groups, 30-39 years \((M=5.10, SD=4.71)\), and 40-49 years \((M=5.84, SD=6.65)\) fell in between. No significant difference in the number of incidents reported
was found for gender. A modest, but significant, correlation was shown between Total Incidents Reported and Total Years of Teaching Experience (r=.22, p<.01).

No significant relationships were found among Individual School Trauma Histories and Sense of Coherence, Psychological Well-Being, and Personality (r’s ranging from -.03 for Neuroticism to .10 for Extraversion). Thus, personality characteristics were not related to the number of traumatic incidents that the teachers reported.

**Autobiographical Accounts of Critical Incidents**

Participants were invited to describe one critical incident that occurred while they were a member of staff at their current school or at any of their previous schools. The incident chosen was the one the person regarded as having affected him or her the most. Each participant indicated the year the incident occurred, what had happened, who was involved, their particular role at the time, and how the event had affected them. A blank space was provided on the questionnaire for this written account. Participants were then asked to indicate how they were affected at the time, and how the event currently affects them, using a 5-point Likert scale, ranging from “1” (very little) through “3” (moderately) to “5” (severely). The analysis of the autobiographical accounts involved a content analysis of the data from each account.

A total of 172 teachers (70.20% of the total respondents) completed the autobiographical account section of the research questionnaire. No differences for age or gender were found between those who completed the biographical account and those who did not provide an account. The accounts ranged in length from 4 words to 341 words (M=70.6, SD=49.51). A one-way ANOVA with age as a between subjects factor
(20-29 years, 30-39 years, 40-49 years, 50-plus years) revealed a significant difference in the average word length of the accounts provided by the different age groups \(F(3,165) = 3.44, p<.05\). SNK post hoc tests showed that older participants - those in the 40-49 years \((M=80.28, SD=58.30)\) and the 50-plus years age groups \((M=75.33, SD=42.97)\) - wrote significantly longer accounts than the participants in the youngest (20-29 years) age group \((M=45.08, SD=33.14)\). The 30-39 years age group fell in between \((M=64.43, SD=41.85)\).

A one-way ANOVA with gender as a between subjects factor revealed a significant gender difference for word length \(F(1,167) = 10.49, p<.01\). Women \((M=80.39, SD=52.42)\) wrote longer accounts than men \((M=55.87, SD=41.99)\). The number of words written also showed a modest, significant correlation with the degree of impact at the time \((r=.24, p<.01)\). However, word length was not significantly related to the degree of impact now \((r=.14)\).

*Types of Incidents Reported*

The autobiographical accounts were content-analysed to identify the incidents reported. These incidents were then classified according to common characteristics, and seven broad groupings of events were identified (see Table 4.5). In all, reference was made to 194 incidents.


<table>
<thead>
<tr>
<th>Types of incidents</th>
<th>Number</th>
<th>% of Total Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of a student, colleague or significant other</td>
<td>112</td>
<td>57.7</td>
</tr>
<tr>
<td>2. Serious injury or illness of student or colleague</td>
<td>25</td>
<td>12.9</td>
</tr>
<tr>
<td>3. Serious threat of harm to student or colleague</td>
<td>21</td>
<td>10.8</td>
</tr>
<tr>
<td>4. Student under care of teacher injured, killed or lost</td>
<td>12</td>
<td>6.2</td>
</tr>
<tr>
<td>5. Professional misconduct or conflict</td>
<td>10</td>
<td>5.2</td>
</tr>
<tr>
<td>6. Theft, vandalism, fire involving school property</td>
<td>9</td>
<td>4.6</td>
</tr>
<tr>
<td>7. Serious crime committed by a student</td>
<td>5</td>
<td>2.6</td>
</tr>
</tbody>
</table>

N=194

1. **Death of a student, colleague or significant other.** The largest category referred to was that involving the death of a student, colleague or significant other (e.g., the spouse or child of a colleague, the parent or sibling or a student, a recent ex-student).

Approximately half of the references to deaths included the death of a student (49.3%, n=75), whilst 28.9% concerned a colleague and 21.7% concerned a significant other. The nature of these deaths (when reported) included: natural causes (n=65); accident (n=57); suicide (n=17); and violent crime (n=13). Some examples of the incidents reported include:

(a) **The death of a student:**
“Year 10 boy **killed water-skiing** during the holidays”; “Student died of a suspected drug overdose but after investigation was a **rare brain disorder**”; “A lad was killed in a **tractor accident** on his parents’ farm”, “Student killed when **hit by a train**”; “A group of students travelling in their own car … going to see a sporting event for school … **3 students killed** and 2 injured (one seriously) … **reckless driving**”; “**Year 7 student died** the same day I taught him for PE”; “**Murder** of a young girl I had taught”; “Two students jumped off the Harbour bridge committing **suicide** … they left no notes so there was a full investigation, media spotlight … students crying in class”; “A student committed **suicide** by jumping off the Tasman bridge”; “A student, to whom I had spoken only that day, committed **suicide**”; “Suicide of a 14 year old by **hanging**”;
(b) The death of a colleague:

“Death of principal by cerebral embolism ... he died within 3 days of falling ill”; “Death of a staff member by natural cause”; “A member of the Primary staff died after having cancer for several months”; “Death of a staff member of similar age and sex with children of similar age who were friendly – brain tumour”; “Staff member died after 38 years of service at the school. He died 5 minutes after the school day ended”; “Death of 2 staff members within 2 months”; “Young teacher died as a result of complications in contracting chicken pox ... Two months later the Year 7 coordinator who replaced me died as a result of a heart attack”; “Death of principal in a motor vehicle accident”;

(c) The death of a significant other:

“The son of a fellow staff member whom I worked with closely died in a car accident”, “Staff member’s husband died”, “The father of a student died suddenly at home ... the student and his sister performed CPR to no avail”, “The mother of a student died in a car accident”, “Port Arthur massacre ... many students affected by the deaths of family and friends”.

Death was referred to by 112 participants, most of whom noted one death (n=81). The remainder referred to two deaths (n=10), three deaths (n=8) or more than three deaths (n=13). These were either as multiple deaths in the one incident, or as multiple incidents involving a single death. Where more than three deaths were mentioned, three participants specified each death whereas 10 participants referred in general to one of three massacres involving multiple deaths.

Some examples of reports of multiple deaths in close proximity include:

“The death of 3 members of the school community in virtually three weeks”; “Death of a friend and colleague in March and death of a friend and colleague in the following May”.

2. Serious injury or illness of a student or colleague. The second largest category referred to involved the serious injury or illness of a student or colleague (n=25, 12.9%). Some examples of these events include:

“Teacher was badly burned on the arm by an army sized petrol stove on camp”; “I was present when a teacher was shot”; “Student’s leg crushed against bus shelter by a car after school”; “During an athletic carnival a student was badly injured while ‘skylarking’ over a steeplechase jump”; “A student I’d taught for special education was involved in a car accident and became a quadriplegic”;
“Student attempted suicide – he was a member of my home group ... I was second person on the scene”; “Student drank methylated spirits after having had a argument with his step-mother”.

3. Serious threat of harm to a student or colleague. Incidents involving a serious threat of harm to a student or colleague were reported by 21 (10.8%) participants. Some examples of these events include:

“A grade 8 student shot and killed his mother and father and handicapped brother ... he was on his way to either the school (where all the teachers were having a student free day) or to the swimming pool where his ex-girlfriend was ... he had a shotgun in the car and boxes of ammunition ... it later turned out he planned to kill certain teachers”; “Student’s parent supposedly outside gate with a gun ... whole school kept in class over lunch ... Police involved ... I was fearful for students, particularly my own child, and teachers I cared about”; “A student threatened a teacher with a knife in my presence ... student was suffering from schizophrenia at the time”; “We had a gang of about 40 teenagers come to attack a group of our students at lunchtime ... carried guns and knives”; “Ex-teacher ... thought he had been unfairly dismissed ... used to return and threaten teachers”; “Young lad perched in a tree above a playground with a rifle”; “A parent arrived at the school with a gun in response to her daughter’s suspension”; “I was on the receiving end of a barrage of air swings from an irate teenage boarding student, with accompanying abuse and threats”; “A father injured mother ... there was a fear that the armed man would come to the primary school at which I was the front line person and try to pick up his children”.

4. Student under the care of a teacher is injured, killed or lost. The next largest category of incidents reported (n=12, 6.2%) involved a student under the care of a teacher being injured, killed or lost. Some examples include:

“The escape of a severely autistic boy from the grounds of the school ... and hunt for him in an area along a busy 6-lane highway in Sydney ... he had no understanding of safety, either personal or from traffic ... we found some of his clothes at a bus stop ... we eventually found him wandering along the highway half undressed”; “A student disappeared while surfing one morning”; “I was teacher in charge of a group of severely mentally handicapped students ... I turned my back ... one student quickly grabbed a knife off the sink and cut the other above the eye”; “Death of a student during an outdoor education trip ... student was washed into a log jam while crossing a river ... we were unable to free her”; “I was on yard duty when a 9 year old girl gashed herself badly”; “A student was accidentally drowned at a school outing at the swimming pool”.

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5. Professional misconduct of a colleague or conflict with a colleague. Ten participants (5.2%) reported the professional misconduct of a colleague or conflict with a colleague as a critical incident. Some examples include:

“Accusation by a senior student of sexual assault by a male member of staff”; “I had to deal with allegations by our counsellor of misconduct by a male teacher towards a 15 year old girl”; “A principal terminated my services … and in a very uncaring and off-hand manner gave me notice”; “Bomb scare … no role given to women other than to shepherd students off campus … some men very resentful that only men asked to search campus for possible bomb”; “Ongoing … forced submission to an authoritarian figure (principal) who was emotionally demanding and aggressive”; “Teacher was ‘got at’ by the assistant principal in co-operation with several heads of department”.

6. Theft, burglary, vandalism, or fire involving school property. Nine participants (4.6%) reported theft, burglary, vandalism, or fire involving school property. Some examples include:

“Vandalism to the school during the holidays”; “A student recently expelled set fire to the Year coordinator’s office, totally destroying all furniture, records and personal belongings”; “Vandals flooded the music block”.

7. Serious crime committed by a student. Finally, five participants (2.6%) referred to a serious crime committed by a student. Some examples include:

“A grade 8 student shot and killed his mother and father and handicapped brother”; “Drugs were brought to school and sold by students”; “Senior student sexually assaulted some younger girls”.

These reports reveal that commonly occurring deaths, including those that have occurred outside of the actual ‘boundaries’ of direct face to face school responsibility (such as the death of a student, colleague or family member outside of school hours) were identified by teachers as critical incidents occurring within the school context. Further, other events such as professional misconduct or conflict, or vandalism and theft, were also experienced as critical incidents.
The Nature of the Personal Impact or Response Reported

The autobiographical accounts were content-analysed to determine the types of incidents reported, how they were experienced and described by the participant, and the nature of the responses reported. This classification included the types of responses participants reported, including the ways in which the participant identified with persons involved or the actual incident itself. Four distinct response categories were identified: feelings; negative cognitions; positive cognitions; and impact on functioning. The next stage of this analysis involved classifying idea units across participants’ accounts to identify themes within the four response categories. A coding manual for the classification of accounts was compiled by the author (see Appendix B). Classifications were conducted by the author and reviewed by an independent rater. Agreement between raters was high (95%) and discrepancies were dealt with by mutual agreement.

Feelings

The range and frequency of reports of feelings described by participants in their autobiographical accounts of a traumatic incident are shown in Table 4.6. Feelings were reported in 128 of the accounts (78.3% of the total number of accounts).
Table 4.6
References to Feelings in Autobiographical Accounts

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Number (n)</th>
<th>% of Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distress, Sadness, Loss, Depression, Loneliness</td>
<td>82</td>
<td>47.7%</td>
</tr>
<tr>
<td>2. Anger, Equivocal, Regret, Guilt, Resentment</td>
<td>36</td>
<td>20.8%</td>
</tr>
<tr>
<td>3. Shock, Disbelief, Numbness</td>
<td>30</td>
<td>17.3%</td>
</tr>
<tr>
<td>4. Fear, Threat or Anxiety – personal, students or colleagues</td>
<td>21</td>
<td>12.1%</td>
</tr>
<tr>
<td>5. Helplessness, Inadequacy in responding</td>
<td>17</td>
<td>9.8%</td>
</tr>
<tr>
<td>6. Intrusion, recurring memories of the event</td>
<td>10</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

N=129

1. Distress, sadness, loss, depression, or loneliness. Overwhelmingly, the predominant category of feelings reported was that describing distress, sadness, loss, depression, or loneliness as a result of the event (n=82, 47.7%). This result is consistent with the expectation that most critical incidents in schools involve a commonly occurring event such as a death or other significant loss, and that grief responses as described are likely to be the most common responses. Some examples of these feelings include:

“I felt a huge loss personally and professionally”; “I had taught the student in previous year and was devastated to see him in a new light and to feel in physical danger from him”; “I felt very sad for the parents of the boy and his friends”; “It was very sad”; “The stitches on the faces of the girls were frightening”; “I had a hollow empty feeling, sadness for his wife”; “It regenerated or triggered memories of the death of my mother-in-law two months earlier”; “It affected me as I was … in the process of forming a good friendship with him”; “I felt alone … newest member of staff, didn’t really know the man, and the hardest part was visiting his wife whom I had not met”; ” His sudden death affected me profoundly. It seemed such a waste of humanity. I questioned my beliefs – how could this happen to one so young and on the threshold of life. I was angry, sad, and disbelieving”; “Agonising to see the child waste away”; “the reality was still a shock. I was very tired afterwards”; “Left me exhausted mentally, physically and emotionally”; “My role was that of a deeply saddened observer. The accident had enormous repercussions on the girl and her family. Her father had a nervous breakdown as a result”; “I attempted positive coping strategies and worked very hard for the students. Eventually physical illness resulted from the stress. I also experienced a loss of
self-confidence. Four years later I am still very suspicious of any authority figure”; “(the drownings) affected me personally as I encouraged all 3 boys to follow their love of the sea rather than go on to further their education”; “I saw him and his family just before the life support was turned off. I was very upset – such a waste”; “The effect on me was depressing – you ask yourself why such a young one could die in such a useless way”; “I was completely shattered. I connected my interview to his suicide. I was on my own”; “I often had to fight back tears when he and I spoke together”; “Affected me greatly at the time”; “I was with the student for some time (by myself) and he was losing lots of blood. I resigned at the end of the year”.

2. Anger, guilt, resentment, or regret. The category including anger, guilt, resentment, or regret (n=36, 20.8%) represented emotional responses associated with the circumstances of the event, the way in which the participant responded, or failed to respond, or the way in which the event was managed was managed by a third party, such as the school, emergency responders, or other parties involved in the event. Some examples include:

“I had to inform students of the death …this was difficult at first as I was not cognizant of the means of the suicide (this was important to the students) and I was also in a state of shock and disbelief. Over time - I became very angry with the deceased”; “Death of staff member of similar age and sex with children of similar age. There but for the grace of God go I”; “Student died the same day I taught him. It affected me in that initially I could/should have been more investigative in questioning him”; “The hardest thing I found was the way the school handled the situation … the lack of support, counselling or consideration given to the staff at the school”; “Equivocal feelings at the time. More concerned for her family … but also relief”; “I was appalled that another teacher could be shafted professionally”; “I was just shocked and surprised but later became bitter and angry and I remain sad … and suspicious”; “I felt guilty wondering whether or not I could have prevented this from happening”; “I did not get to know the boy well enough”; “Shock, guilt at not having recognised any warning signs of the event”.

3. Shock. The category that described shock included emotional responses associated with hearing the news, witnessing the event, or subsequent injuries/outcomes, recalling very recent interactions with the victim, or reflecting on the person involved. These responses include shock, disbelief, or numbness. Some examples include:

“Unbelievable!”; “I remember my shock at first seeing him shuffling, with a walking stick and still heavily bandaged”; “I was devastated to see him in a new light”; “I had a numbing feeling for a while”; “The stitches on the girls’ faces
were *frightening*”; “Both deaths were *very unexpected*”; “His *sudden* death affected me profoundly”; “Whilst I had had time to think about this imminent death the reality was *still a shock*”; “*Just hours earlier* she had asked me if a form we had to fill in also covered death … *within hours* she was dead”; “It was my worst experience of *shock* at school”.

4. Fear. The next largest category of feelings described emotional responses associated with personal involvement in the event, or subsequent outcomes of the event, and included fear, threat, or anxiety. Some examples include:

“*It later turned out he had planned to kill* certain teachers …. this affected me for years especially as I recalled the *sinister* way he had studied me when I was on duty only a week before the incident (something which at the time I had dismissed but which *haunted me* for ages)”; “I was *fearful* for students, particularly my own child, and teachers I cared about. *I still worry* about it”; “After many *threats of violence* I had to *leave the school* because of stress”, “I later *distanced myself* from water activities because I *felt unable to control* situations on water”; “*Fear* … I was on contract and *wouldn’t go back there* now if asked”; “I *often worried* if he would lob into my class and scare students”; “I recall the difficulty in coming to school the next day … *fearing* that some of or staff/students would be personally affected by the tragedy”; “I was *so worried* what his mother would say – a lasting image of the tooth as he climbed on to the boat on the excursion day – the tooth feels nearly as important as his drowning”; “I felt *unable to be at the school after dark alone* and driving past the scene is still *queasy*”.

5. Helplessness, inadequacy in responding. A sense of inadequacy, helplessness or impotency at the time of the event, or in dealing the impact on students or colleagues was described by 17 (9.8%) of participants. Some examples include:

“A feeling of *helplessness* against the possible odds of such things happening to such a vulnerable person”; “*I felt unable to control* situations on water”; “*I felt quite inadequate* and did not offer much support for our students”; “This was *difficult* at first as I was *not cognizant* of the means of the suicide”; “*I wouldn’t go back there now* if asked”; “*It dominated* … there was no point in fighting against this”; “I realize how *poorly prepared* and *vulnerable* a school community is”; “*Felt a little inadequate*, Worries me more now as I still *wonder what I could have done*”; “*I was without answers* when the students sought security”.

6. Intrusion, recurring memories of the event. The final category of feelings (n=10, 5.8%) included emotional responses associated with recollections of the event or its
aftermath, or with negative prior interactions and included intrusion or recurring unpleasant memories. Some examples include:

“Episode closed but memory vivid”; “This affected me for years especially as I recalled the sinister way he had studied me when I was on duty only a week before the incident (something which at the time I had dismissed but which haunted me for ages)”; “I still worry about it. Our school grounds are very open”; “For quite a while I would see him standing by his locker in the senior college corridor”; “Within hours she was dead – the conversation we had still haunts me”; “My memories of it are still disturbing but not debilitating”; “I have a lasting image of the tooth as he climbed on to the boat on the excursion day – the tooth feels nearly as important as his drowning”.

In summary, the negative feelings reported are consistent with expectations that emotional responses to a wide range of critical incidents in schools are most characteristically those associated with grief or distress. Interestingly, characteristic trauma responses were rarely described. Even when intrusive images were reported they were more characteristically emotional or cognitive responses although without the classic physiological elements associated with psychological trauma (e.g., “My memories of it are still disturbing but not debilitating”; “I have a lasting image of the tooth as he climbed on to the boat on the excursion day – the tooth feels nearly as important as his drowning”).

**Negative Cognitions**

Negative cognitions reported in the autobiographical accounts were identified as those that were negative and which could be said to have exacerbated the impact of the event. The range and frequency of reports of negative cognitions described by participants in their autobiographical accounts of a traumatic incident are shown in Table 4.7. Negative cognitions were reported in 125 of the accounts (72.3% of the total accounts).
### Table 4.7
References to Negative Cognitions in Autobiographical Accounts

<table>
<thead>
<tr>
<th>Cognition</th>
<th>Number (n)</th>
<th>% of Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Concern about impact on students, colleagues</td>
<td>78</td>
<td>45.4%</td>
</tr>
<tr>
<td>2. Perceived personal threat, fear, apprehension</td>
<td>30</td>
<td>17.4%</td>
</tr>
<tr>
<td>3. Sense of responsibility, guilt, fear of negligence</td>
<td>18</td>
<td>10.5%</td>
</tr>
<tr>
<td>4. Sense of injustice (waste, unfair)</td>
<td>18</td>
<td>10.5%</td>
</tr>
<tr>
<td>5. Dissatisfaction with school response</td>
<td>17</td>
<td>9.9%</td>
</tr>
<tr>
<td>6. Identification with the person or event</td>
<td>12</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

\(N=131\)

1. **Concern about the negative impact.** The largest category of negative cognitions reported revolved around the concern about the negative impact on students or colleagues (\(n=78, 45.4\%\)). This included negative cognitions associated with a perception of the burden of personal/professional responsibility for those involved, including an awareness of responsibility as teacher, carer or colleague, or concern for welfare of students or colleagues. Participants reported concern for the care of students (81.8\%), for care of staff affected (24.7\%), for the care of families affected by the incident (22.1\%), and, for conveying bad news to students, staff or the family of those affected (18.2\%). This response is consistent with the nature of teachers’ roles in the care of both their students and their colleagues, as well as the families of both these groups. The results suggest that in the school setting teachers perceive their roles as extending beyond the immediacy of the classroom into the broader collectives encompassed by the school community. Some examples of the concern for the impact on students or colleagues include:

“I was **concerned for the children** and how they felt as that year there were killings in Scotland and Port Arthur and a young woman they knew died in a cycling accident”; “A much **more significant effect occurred with the students** on the bus”; “I often **worried** if he would lob into my class and **scare students**”.

“**I was concerned for the children** and how they felt as that year there were killings in Scotland and Port Arthur and a young woman they knew died in a cycling accident”; “A much more significant effect occurred with the students on the bus”; “I often worried if he would lob into my class and scare students”.
2. Perceived personal threat, fear, or apprehension. The second largest category (n=30) included negative cognitions of perceived personal threat, fear, or apprehension associated with a sense of danger or threat to self or others at the time of the event. Among this group, three participants said they left the school as a result of the incident highlighting the overlap between the personal and professional lives of teachers. Some examples include:

“It later turned out he planned to kill certain teachers and the girlfriend and the new boyfriend. This affected me for years especially as I recalled the sinister way he had studied me when I was on duty only a week before the incident (something which at the time I had dismissed but which haunted me for ages)”; “Student’s parent supposedly outside gate with a gun ... I was fearful for students, particularly my own child, and teachers I cared about. I still worry about it. Our school grounds are very open”; “After many threats of violence I had to leave the school because of stress”; “I was on contract and wouldn’t go back there now if asked”, “I felt unable to be at the school after dark alone and driving past the scene is still ‘queasy’”; “I was with the student for some time (by myself) and he was losing lots of blood. The student survived but remained very ill for some weeks. I resigned at the end of the year”; “Was apprehensive much later on similar camp”.

3. Sense of responsibility, guilt, fear of negligence. Negative cognitive responses describing sense of responsibility, guilt, fear of negligence (n=18) identified perceptions of real or feared personal neglect, omission, negligence, or views of the inadequacy of the teacher’s own response in terms of what could have been done, was not done, or was done inadequately. These perceptions related to both during the event and the aftermath of the event. The fear of accusations of personal or professional negligence expressed by some respondents reflects the legal implications of inappropriate or inadequate care rendered in the course of duty, and has implications for the level of professional preparedness of teachers to deal with crises in the course of their duty. Some examples include:

“I felt I had been negligent in turning away to check on other students”; “I felt quite inadequate and did not offer much support for our students”; “It affected me – not knowing what to do”; “It was given to me to inform the students of the
death. This was **difficult** at first as I was not cognizant of the means of the suicide (this was important to the students’); “I felt **unsure of my position legally** and concerned as to how much of what I said could be taken as the school’s response in talking to parents and police”; “Felt a little **inadequate** as I wanted to do more to help those affected. **Worries me more now** as I still wonder what I could have done”; “It affected me in that initially I **could/should have been more investigative** in questioning him”; “As his health teacher I felt a little **inadequate**”; “I recall the **difficulty in coming to school** the next day (whilst the situation was still unfolding) and **fearing** that some of or staff/students would be personally affected by the tragedy”; “I felt **guilty** that she had not been treated in a hospital”; “I consulted the local school constable about my **legal status** under the circumstances”; “It **affected me personally as I encouraged** all 3 boys to follow their love of the sea rather than go to on to further their education”; “Both teachers accompanying the group **felt helpless** because we could not stop it”; “Boy hanged himself from tree in his back garden. I was completely shattered. **I connected my interview to his suicide**”; “I felt **guilty** wondering whether or not I could have **prevented** this from happening”; “I feel I handled the kids’ grieving well but **neglected** the staff”; “Also I **still worry** about his front tooth which he chipped diagonally on the last day of second term. I was **so worried what his mother would say** – the tooth feels nearly as important as his drowning”; “It affected me because I believed that if anything did happen to the teacher it would be **partially my fault**”; “Shock, guilt at **not having recognised any warning signs** of the event”; “I had **had trouble relating** to this student there being a degree of misunderstanding between us. I was not involved to any great degree but somehow I **felt some guilt**”.

4. **Sense of injustice.** A further category, described a sense of injustice (*n*=18), and included negative cognitions associated with a perception that some injustice or unfairness has occurred, or that the death or injury of a student or colleague represents an unnecessary waste of life and a perceived sense of future potential lost. Some examples include:

“**The student was the top year 10 student and destined to be dux**”; “**Probably the stresses of teaching killed him before he could enjoy a retirement** soon to come”; “He was **young, alive, active, and full of dreams and ambitions**. His sudden death affected me profoundly. It seemed such a **waste of humanity**. I questioned my beliefs – how could this happen to **one so young and on the threshold of life**”; “I regarded him as a **decent and respectable person** in all respects. He was a keen sportsman and **one day would have been a solid citizen**”; “**No role given to women other than to shepherd students off campus** … very resentful that only men asked to search campus for possible bomb – they **were put at risk – no women were**”; “She had been one of the **most placid and friendly girls** … the death seemed to be **senseless** as he continued to drink each day”; “The accident had **enormous repercussions** on the girl and her family. Her father had a nervous breakdown as a result”; “Four years later I am still very
suspicious of any authority figure. I still feel anger with myself for *putting up with this for so long*, but I became *confused as to what was normal*. It is very upsetting for me to write this*; “*Her life had not been an easy one*, school work had come with much effort on her part, and little support appeared to be forthcoming from home. I felt sad that such a young person’s life had been so *tragically shortened*”; “*A student with potential, wonderful personality*. I was very upset – *such a waste*. He was *full of vitality*”; “*I was an ‘innocent bystander’ who was appalled that another teacher could be shafted professionally by arranging an incident that caused extreme stress and ended the person’s career*”; “*You ask yourself why such a young one could die in such a useless way*”; “*Largely as a consequence of this incident which I pursued through the proper channels I ended up losing my job*. This incident did affect me at the time and still has some *residual effects* to this day”; “*I was sad, frustrated at waste of a life*”.

5. **Dissatisfaction with school response to the event.** Seventeen participants reported negative cognitions associated with perceptions that the school, or individuals within it did not respond in an appropriate or caring manner. These responses captured perceptions that the school was ill-prepared to deal with the event, or that there was a lack of, or inadequate, ongoing support for staff or students. Some examples include:

“There was *no opportunity* given to us or the students to attend the funeral or grieve with the students at out school”; “The hardest thing I found was *the way the school handled the situation*. The *lack of support, counselling or consideration* given to the staff at the school”; “Realisation of how *poorly prepared and vulnerable* a school community is”; “*Very little support* for me from the school. *No grief counselling* or any other sort offered. I was *on my own*. I even had to use up my own sick leave when I found things too hard”; “What affected me most was that the *school didn’t press charges* and nor did the parents of the boy”; “*Not being consulted* told I felt disbelief, shock, indignation”; “One of the staff members died. The hierarchy were wandering about whispering but *didn’t tell us* until later in the morning. I felt they *should have told us earlier*”; “*Lack of information* of the event (suddenness), communication, *lack of discussion and help* through the process”; “*I suppose the whole pastoral care bit is too easy to say* at times but damned hard to see where its needed!”

6. **Personal identification with the victim or the event.** The final category included negative cognitions associated with personal identification with the victim or the circumstances of the event (*n=12*). This response category indicated that the teachers’ personal experiences could be brought to bear in their responses to school based events. Some examples include:
“The details that emerged … I found particularly distressing as I suffer from asthma”; “It made me think of my own sons travelling and that I am more willing to collect them night or day”; “It affected me because the student and I had a very close relationship”; “Her funeral made me aware this could happen to one of my children”; “I had sons of a similar age and I was profoundly affected”; “It affected me because this teacher was my age, hardly ever ill (like me) and it made me realise how easily things can change”; “I feel these more now since my own son died”; “He sent a hello to me only days before – but it really was a goodbye …. It has affected me tremendously because I witnessed the turmoil suffered by a young soul over his sexuality”; “Just hours earlier she asked me if a form we had to fill in also covered us for death. Within hours she was dead – the conversation we had still haunts me”.

In summary, the responses reported in this category, negative cognitions, encompass a wide range of cognitions reflecting the very personal, relational and nurturing role assumed by teachers. They suggest that while the issues that concern teachers in the event of a critical incident may include more objective dimensions of the school, such as incident management processes, those which evoke the strongest impact arise out of teachers’ care for their students, colleagues and their families, and out of their personal history of grief and loss.

**Positive Cognitions**

Positive cognitions reported in the autobiographical accounts were identified as those that were positive and which could be said to have reduced the impact of the event or enhanced the participants’ sense of satisfaction with their own or the school’s responses. The range and frequency of reports of positive cognitions described by participants in their autobiographical accounts of traumatic incidents are shown in Table 4.8.
Table 4.8
References to Positive Cognitions in Autobiographical Accounts

<table>
<thead>
<tr>
<th>Cognition</th>
<th>Number</th>
<th>% of Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Satisfaction with role or contribution</td>
<td>63</td>
<td>36.4%</td>
</tr>
<tr>
<td>2. Re-evaluation of values, life</td>
<td>16</td>
<td>9.2%</td>
</tr>
<tr>
<td>3. Sense of community, connection</td>
<td>10</td>
<td>5.8%</td>
</tr>
<tr>
<td>4. Satisfaction with school management</td>
<td>4</td>
<td>2.3%</td>
</tr>
<tr>
<td>5. Helpful personal preparation, responses</td>
<td>4</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

N=79

1. **Satisfaction with personal role or contribution.** Positive cognitions were reported in 45.7% of the autobiographical accounts. The most frequently reported category reflected positive cognitions associated with a sense of satisfaction with personal role or contribution at the time of the event or in the time after. These responses are consistent with the expectation that teachers value being actively involved in the response to a critical event and gain some sense of satisfaction from a perceived positive contribution to the incident response mechanisms, especially in terms of easing the pain of those who are impacted by the event. Some examples include:

“I helped search a given area”; “We visited him at home and talked to him ... we reassured them they should not worry about their exams”; “Since then I have talked to students about the dangers of drinking and driving”; “I also got together the students who witnessed the accident and arranged for them to be debriefed by the school counsellor”; “I produced a written report for the coronial inquest”; “I provided some comfort/support to family and other students”; “To varying degrees I was able to offer comfort and/or support”; “I was able to speak to the student calmly and hopefully assure her that all would be well”; “Although I was aware of AIDS and the need to wear gloves, it seemed appropriate to take the action I did”; “I felt very satisfied with my response”; “For me it was a sad but positive experience as my role was that of the facilitator of providing space and comfort physically and emotionally”; “I was involved in the counselling process with the ‘family’ and with the boy individually”; “A very special bond was built. I now feel very close to this student I know I have done the right thing”; “A fire in a workshop was kept under control and put out by me with a fire extinguisher”; “His mother writes to me each year at this time. I took students to his funeral to form a guard of...
honour”; “In many ways it brought the best out of me”; “I coped calmly and efficiently at the time, rang all parents … took part with students in debriefing during the week”.

2. Re-evaluation of personal values and life. The next most reported category of responses (n=16, 9.2%) concerned re-evaluation of personal values and life. This category included positive cognitions associated with reflections on the meaning of the event for the individual’s life or approach to others, including students and family.

Some examples include:

“It just brought home we know not the hour”; “It made me evaluate some aims and choices in my life”; “It’s better to walk and be late than be dead on time!”; “It made me think of my own sons travelling and that I am more willing to collect them night or day”; “Made me be more conscious of the area of suicide”; “They were points of reflection on the fragility of life. I seemed to cope better (be more ‘philosophical’?) than others around me”; “I still vividly remember the funeral – a good example of being able to do things with God’s help that I would not have thought possible beforehand”; “I realized for the first time that I had the children’s physical wellbeing to care for as well as mental/ emotional/ spiritual”; “It made me re-examine how I act and speak towards students”; “I viewed my new students in a new light”; “Affected me profoundly – life is so short. Need to support those in pain”; “I felt because of this I could relate to the students going through the same thing”; “Made me value life even more, especially on those lovely spring days when life seems great”.

3. Sense of community and connection. An enhanced sense of community and connection described positive cognitions associated with a heightened sense of connection, togetherness or community in the time following the event. These responses (n=10, 5.8%) described a positive evaluation of a sense of feeling supported and closer to people in the school community, including students, colleagues or family of the victims. Consistent with expectations, participants saw themselves as experiencing the event in the context of a collective – in this instance, their school community. Some examples include:

“It drew staff, parents and students together in a way to cope with the situation within the community. After the initial shock everyone became much closer as we were helping each other to cope with the situation”; “Was not difficult to care for the class at the same time because we shared our grief experience”;
“Support of staff … helped”, “a very supportive youth prayer group … helped me”.

4. Satisfaction with school management. This category included positive cognitions associated with a perception that the school, or individuals within it responded in an appropriate or caring manner either at the time or in the period following the incident. For example:

“The outcome, in terms of staff and student response was positive and the process and actions by the LT were appreciated”; “It was very helpful to have the management plan and support. Overall we coped well”; “Support of staff and funeral and subsequent award in her memory helped”.

Interestingly, this response category represented only 25% of the responses regarding evaluations of school management of an incident – the other 75% of references were judged to be negative (reported later in the negative cognition category, dissatisfaction with school management).

5. Helpful personal preparation or responses. The final category of positive cognitions, associated with the helpfulness of preparation or responses, described a judgment that prior personal or professional development, or the participation in funeral rituals had positively enhanced the participant’s capacity to respond. Such prior preparation included professional development undertaken in the area of grief or trauma management, the existence and activation of a school Critical Incident Management Plan, or prior personal experience of a similar event, and ritual involvement included attending a funeral or viewing a body. Some examples include:

“A service was held in the parish/school church which I found helpful”; “I had done grief counselling course and was involved with the little boy”; “I viewed her in the coffin to say goodbye and this helped”; ” Funeral … helped”; “I felt very satisfied with my response”; “For me it was a sad but positive experience as my role was that of the facilitator of providing space and comfort physically and emotionally”; “I feel extremely privileged to have shared some very private moments in a very special life”; “I felt I redeemed myself by supporting in some way his successful compo claim”; “I feel I handled the kids’ grieving well”.
In summary, the five categories of positive cognitive responses reflect the importance of collectives and the role of the Wellness Factors (emotional and practical support, active involvement, responding according to individual need, access to information, readiness, and leadership), identified in earlier research (Jackson & Bates, 1997). Further, these responses can be identified with dimensions of Posttraumatic Growth such as Positive Relations with Others, New Possibilities, Personal Strength, and Appreciation of Life (Tedeschi & Calhoun, 1996). These responses confirm the expectation that the presence of certain salutogenic factors in response processes enhances the recovery and wellbeing of those affected by traumatic events.

**Negative Impact on Functioning**

Aspects of negative impact on functioning reported in the autobiographical accounts were identified as those responses which reflected a reduced capacity to function, either personally or professionally, or an increase in responsibility that was judged by the participant to be burdensome. The range and frequency of reports of negative impact on functioning described by participants in their autobiographical accounts of a traumatic incident are shown in Table 4.9.

**Table 4.9**

*Negative Impact on Functioning Reported in Autobiographical Account*

<table>
<thead>
<tr>
<th>Impact on Functioning</th>
<th>Number (n)</th>
<th>% of Total Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Extra or conflicting responsibilities</td>
<td>13</td>
<td>8.1%</td>
</tr>
<tr>
<td>2. Professional resentment, cynicism</td>
<td>13</td>
<td>7.5%</td>
</tr>
<tr>
<td>3. Left the school soon after event</td>
<td>5</td>
<td>2.9%</td>
</tr>
<tr>
<td>4. Avoidance of scene or related activities</td>
<td>4</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

*N=35*

1. **Extra or conflicting responsibilities.** Negative impact on functioning was reported by 35 participants (20.8%). The most frequently reported category concerned the burden of
extra or conflicting responsibilities, arising from the event, either as a result of work
created by an absent or impaired colleague, extra responsibilities towards affected
students, or responsibilities related to the management of the incident. Some examples
reported include:

“I had to cover for her in class because she continued working as long as she
could”; “I was mainly supporting the principal ... I felt alone ... there were
concerns about those (staff)”; “Affected me as I didn’t know the students well as
it was my first year teaching”; “My role – being a friend, a support, and at the
same time coping with a parent who was not very well at the time”; “I was
caring for the 2 young children when their father was in his final hours”; “As a
result I had to deal with the effects of this on that teacher, on her work habits
and subsequently on my work habits”; “Work load practically doubled”; “I
agreed to complete the timetable and somehow people looked to me to ‘fill in’
in other areas”; “Because he was on again off again at school and was never
organised even when well, I had the job of planning his lessons during the 2
years he was unwell ... it sounds very mean, but regardless of being very sorry
for his unenviable dilemma, it nevertheless was a lot of extra work”; “It was
being there for her, being able to listen was most important. Quite a few people
did not want to hear or did not know how to approach her”; “As wife of the
police officer in charge I had extra pressure”.

2. Professional resentment or cynicism. A second category of responses in this
grouping, professional resentment or cynicism, referred to impaired professional
relationships with school authorities or colleagues due to resentment or cynicism in the
workplace as a result of how the incident was managed by the school or by authorities
responsible for the school. Some examples reported include:

“The hardest thing I found was the way the school handled the situation. The
lack of support, counselling or consideration given to the staff at the school”;
“Four years later I am still very suspicious of any authority figure”; “I still tend
to be cynical and distrustful of superiors”; “I became bitter and angry ... I
remain sad ... suspicious of all involved with upper management”; “I was sad,
frustrated at waste of a life and a feeling that the school had not been definite in
stating a policy”; “I suppose the whole pastoral care bit is too easy to say at
times but damned hard to see where its needed!”; “You have been ‘invaded’ in a
way and not many people take the time to say ‘are you OK?’ or ‘is there
anything you need?’”.

3. Left the school soon after event. A small number of participants (n=5) reported a
serious outcome of the event, namely they left the school soon after event. These
participants suggested that the impact was so severe that they could no longer tolerate working in the current school. Some examples reported include:

“After many threats of violence I had to leave the school because of stress”; “I was on contract and wouldn’t go back there now if asked”; “Largely as a consequence of this incident which I pursued through the proper channels (school admin and child protection) I ended up losing my job”; “Left due to lack of support from the hierarchy”; “I resigned at the end of the year”.

4. Avoidance of the scene or related activities. A final category of negative impact on functioning was associated with a subsequent avoidance of the scene of the incident or related activities. This category could be considered different from the avoidance response typical of PTSD insofar as it appears to occur in the absence of strong physiological symptoms. Rather, the category described as a behavioural response associated with the avoidance of unpleasant memories. Some examples reported include:

“I distanced myself from water activities because I felt unable to control situations on water”; “I felt unable to be at the school after dark alone and driving past the scene is still ‘queasy’”.

In summary, four response categories of negative impact on functioning were identified: (1) teachers reported a sense of feeling overburdened by extra or conflicting responsibilities that they bore as a consequence of the critical event; (2) professional resentment or cynicism reflected impaired professional relationships in the workplace as a result of how the incident was managed by school authorities; (3) a teacher left the school soon after the event, reflecting a high level of disillusionment with school management and the level of support offered following the event; and (4) avoidance of the scene or related activities, reflecting teachers’ need to avoid unpleasant memories of the event. The first three of these response categories are related to school management issues and reflect earlier research on the relationships between crisis management factors and teacher wellbeing (Jackson, 2001; Jackson & Bates, 1997). These response
categories, together with the fourth category, reflect study expectations that commonly
occurring events can lead to high stress outcomes for teachers following critical
incidents in schools. Such responses may also negate or diminish potential
Posttraumatic Growth outcomes.

**Impact of the Events**

This section examined the perceived strength of the personal impact of the
nominated event at the time of the event and the person was assessed. Participants’
ratings of the impact at the time, and now, given on a 5-point Likert scale, (severe=5,
high=4, moderate=3, low=2, and, very little=1) are shown in Table 4.10. The
relationship between the impact of the event at the time and the present impact was
moderate and significant ($r=.58$, $p<.001$). Almost half of the participants (47.1%, $n=81$)
rated the impact at the time as severe or high.

**Table 4.10**

*Number of participants with rating of impact of the event at the time, and now*

<table>
<thead>
<tr>
<th>Rating</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact then</td>
<td>26</td>
<td>55</td>
<td>58</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Impact now</td>
<td>4</td>
<td>11</td>
<td>43</td>
<td>39</td>
<td>75</td>
</tr>
</tbody>
</table>

$N=172$

*Note: 5=Severe; 4=High; 3=Moderate; 2=Low; 1=Very Little; Impact then = impact at the time of the event; Impact now = the current impact of the event.*

A two-way mixed design ANOVA on the Impact ratings with gender as a
between subjects variable, and time (time 1=impact at the time; time 2=impact now) as
a within subjects variable, revealed a significant change over time ($F(1,165)=306.30,$
$p<.001$). Overall, impact declined from time 1 ($M=3.40$, $SD=1.08$) to time 2 ($M=2.01$,
$SD=1.05$). Results revealed a significant effect for gender overall ($F(1,165)=5.54,$
$p<.05$), where women ($M=2.84, SD=.89$) reported higher ratings than men ($M=2.49, SD=.98$). No significant interaction for time with gender was shown ($F(1,165)=2.42, p=.12$).

**Maintenance of Impact Over Time**

Of the 139 participants who rated the impact at the time as the moderate, high or severe, 39.6% ($n=55$) indicated that the impact now was still moderate or higher (see Table 4.11). Of the 55 participants who maintained a moderate to severe impact over time almost a half ($43.6\%, n=24$) indicated no reduction in impact over time – that is, the impact is the same now as it was at the time of the event. There was no clear association between time elapsed since the event and the high ratings of impact over time.

**Table 4.11**

<table>
<thead>
<tr>
<th>Number of participants who maintained high impact over time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact at the Time</td>
</tr>
<tr>
<td>Severe</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>Impact Now</td>
</tr>
<tr>
<td>Severe</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

$N=55$

Of the 19 participants who rated the impact at the time of the event as severe, 21.14% maintained a severe impact ($n=4$), that is, the impact of the event did not improve over time.

Of the four participants indicating ongoing severe impact, three were concerned with incidents involving severe conflict with school management. These reports include:

“...I had to deal with *allegations ... of misconduct by a teacher ...* the *industrial commission* upheld the termination but some staff continued to support the teacher ... I was obliged to undertake all the legal processes, face staff face staff daily, and continue to *work with staff who did not support me ...* this resulted in a high level of stress for me”;

“Ongoing *forced submission to an authoritarian*
figure (principal) who was emotionally demanding and aggressive ... dominated my job ... no point fighting against this as she had powerful friends and the inevitable result for others was breakdown and loss of job”).

As such, these were not single incidents, but ongoing issues of personal or professional conflict. A third participant described an issue about school staffing:

“Initially I was just shocked and surprised but later became bitter and angry as colleagues filled out the story of how the staffing had been done. Time has eased the rage. I remain sad that this school was founded in this way and suspicious of all involved with upper management”.

The fourth participant was affected by the unexpected deaths of two colleagues in a space of one term. Whilst this participant referred only to the fact of these deaths, other participants from this school emphasised a significant impact on staff of perceived mismanagement of the responses to the events by the school leadership. Thus, all four accounts were concerned with points of tension with school leadership.

A further 21.1% of participants who rated the impact at the time of the event as severe (n=4) indicated a high impact now. Examples of these reports include:

“Death of two staff members within two months ... young music teacher died as a result of complications in contracting chicken pox leaving a wife and two young children and no family in the state to assist ... two months later (the campus coordinator) died as a result of a heart attack”; “Port Arthur massacre ... many students affected by the deaths of family and friends”; “Year 9 boy from my home class sent to me at 2.45 for theft of money ... caught in the act ... always ‘cool as a cucumber’ in previous interviews ... never admitted guilt ... this afternoon he breaks down, admits this and other offences ... end of day approaches and I organise a second meeting for next morning ... we go to class teacher period together ... day concludes ... 5.30pm call from deputy principal ... boy has hanged himself from tree in his back garden ... I was completely shattered ... I connected my interview to his suicide”; “A student committed suicide by jumping off the Tasman bridge ... he sent a hello to me only days before – but it really was a goodbye”.

Each of these accounts relate of the deaths of one or more colleagues or students with whom the participant maintained a close personal or professional relationship and who died in particularly sudden or tragic circumstances.
The remaining 57.9% of participants who rated the impact at the time as severe 

time as severe (n=11) maintained a moderate impact now. Examples of experiences reported by these 

groups of people include:

“Student’s parent supposedly outside gate with a gun … whole school kept in 

class over lunch … police involved … I was fearful for students, particularly my 

my own child, and teachers I cared about … I still worry about it … Our school 

grounds are very open”; “A teacher in my subject area dying of breast cancer … 

just watching a vigorous healthy person gradually succumb to a disease while 

fighting every step of the way”; “I was present when a teacher was shot”; “12 

year old from my class ran across to his mum on his 12th birthday when he saw 

the ‘new’ bike – oncoming truck killed him instantly in front of other students / 

mum / grandparents / his 2 sisters / other mums / bus passengers etc”; “A Year 12 

student was accidentally killed (by a bus) on her way home from school … she 

was very much loved by her peers and me and the effect on the class and the 

school was very traumatic”; “I took a class to visit a new school … a group of 

older students encircled us and one boy was hit (punched several times) … both 

teachers accompanying the group felt helpless because we could not stop it”; “A 

student stabbed another student with a knife … the injured student had very 

serious injuries which included a punctured lung … I was with the student for 

some time (by myself) and he was losing lots of blood”.

Two themes are evident in these accounts. Each account involves either serious 

threat to self or other, relates a sense of futility of the death, or contains elements of a 

strong sense of powerlessness to affect the progress of the event or the death.

**High impact at the time.** Of the 22 participants who indicated a high impact at the time 

of the event, 27.3% (n=6) maintained a high impact. Examples include:

“A student I’d taught for special education was involved in a car accident and 

became a quadriplegic … she bubbled with life … it had enormous repercussions 

on the girl and her family … her father had a nervous breakdown as a result”;

“Murder of a young girl I had taught … her life had not been an easy one, school 

work had come with much effort on her part, and little support appeared to be 

forthcoming from home … I felt sad that such a young person’s life had been so 

tragically shortened”; “The father of a student died suddenly at home … the 

student and his sister performed CPR to no avail … something made me go to 

visit … the student’s reaction to me amazed and shocked me – a very special bond 

was built”; “Death of the spouse of one of our staff members … her health 

affected … caused a great amount of anxiety in her life … continued 

communication with her about the incident”; “A break-in at the school … the 

drama room was broken in to and my room was damaged, along with my stereo 
an other resources … I felt totally invaded”.


Of the participants who indicated a high impact at the time of the event, the remaining 72.7% (n=16) maintained a moderate impact. Examples include:

“Two students jumped off the Harbour bridge committing suicide ... they left no notes so there was a full investigation, media spotlight”; “Student killed when hit by a train ... student I taught”; “Three students after end of year 12 party were involved in a car accident ... they were hospitalised ... I taught them and visited them in hospital ... the stitches on the faces of the girls were frightening”; “Death of a student form brain cancer ... whole school involved ... student had been at the school for 11 years ... agonising to see the child waste away”; “Port Arthur massacre ... I recall the difficulty in coming to school the next day (whilst the situation was still unfolding) and fearing that some of or staff/students would be personally affected by the tragedy”; “Three of my Grade 10 tutor group died by drowning while pursuing their love of fishing as a career ... the students had only left school within 2 years when the 3 separate incidents occurred ... affected me personally as I encouraged all 3 boys to follow their love of the sea rather than go on to further their education”; “Strathfield Plaza massacre ... parent abducted and students witnessed it ... realisation of how poorly prepared and vulnerable a school community is”; “Death of a Year 10 student ... he was in my homeroom ... a student with potential, wonderful personality ... I had been on camp with him a few weeks before his death in a boating accident (a freakish accident) ... I saw him and his family just before the life support was turned off”; “Staff member was killed in a car accident ... driver was her son ... just hours earlier she asked me if a form we had to fill in also covered us for death ... within hours she was dead ... the conversation we had still haunts me”; “Two Year 8 students who were killed as a result of a motor vehicle accident ... I had been a camp leader only weeks prior to the accident and had felt a rapport with the group”; “Numerous break-ins ... my desk and belongings have been rifled through a few times ... my school keys were stolen ... I felt so guilty and responsible for having left them overnight ... really bothered me in the way that, no matter how small, you have been ‘invaded’ in a way and not many people take the time to say ‘are you OK?’ or ‘is there anything you need?’ or even something as simple as helping to clean up the mess caused by the burglars ... I was also experiencing heaps of stresses in other aspects of my life”.

Moderate impact at the time. Fourteen participants indicated a moderate impact at the time of the event that did not improve over time Examples include:

“A member of staff died after having cancer for several months ... I was concerned for the children and how they felt as that year there were killings in Scotland and Port Arthur and a young woman they knew died in a cycling accident”; “Death of a student during an outdoor education trip ... she was washed into a logjam while crossing a river ... We were unable to free her until the logjam was pulled apart ... I assisted in freeing the logjam and gave CM until instructed by doctor to stop”; “A student was knocked down by another student driving his car in the schoolyard ... I went to the scene after it had happened ... I talked to the driver, tried to get him to contact his parents ... I offered to be present during the police interview and subsequently was ... although I felt very
angry that he had ‘caused’ the accident I had a responsibility to ‘protect and support’ him also ... I felt unsure of my position legally’;

“*Sudden or unexpected deaths* (car accidents or cancer) ... none overwhelmed me ... they were points of reflection on the fragility of life ... I seemed to cope better (be more ‘philosophical’?) than others around me ... to varying degrees I was able to offer comfort and/or support”; “Young student who I knew as he had been in my son’s class from Prep to Year 10 *died of a brain tumour* ... whole school affected as a small community and this student attended school almost every day until her death ... all students were aware of her wasting away and were intimately affected by the things that affected her”; “*Student killed* in a road accident ... she had been one of the most placid and friendly girls ... the coffin was left open in the church for viewing ... many of my class students viewed the body ... we as a school paid tribute by an honour guard ... I was an ordinary class teacher and felt her loss as the driver was the parent of one of our students ... the death seemed to be senseless as he continued to drink each day ... I drove past the accident scene each day”;

“*Youth suicide* on a number of occasions”; “During an athletic carnival a *student was badly injured* ... we had St John’s ambulance and later the hospital ambulance attend to her ... they did not diagnose the problem – a ruptured spleen ... she returned home and later that night became very ill ... I felt guilty that she had not been treated in a hospital”; “*Murder of a young girl* when I had taught at the previous school ... victim of a serial killer in Victoria where she had gone to stay and study with relatives ... her life had not been an easy one ... I felt sad that such a young person’s life had been so tragically shortened”; “A *Year 7 student committed suicide* ... one I had taught ... two staff members died very suddenly and unexpectedly in holiday time ... I feel these more now as *my own son died* in 1995 just before the end of the school year, aged 19, of meningococcal meningitis in a matter of 2 days”; “A student of mine was *diagnosed with cancer* ... I had had trouble relating to this student there being a degree of misunderstanding between us ... I was not involved to any great degree but somehow I felt some guilt”.

Examination of these accounts suggests that factors other than the actual circumstances of a given event may contribute to determining the degree of impact of the event. Events judged to be very serious by some observers, and potentially evoking very high impact, evoked only moderate impact for some of those affected. Surprisingly, other events perhaps judged to be less serious might have evoked a more serious impact. For example, the participant who described trying, unsuccessfully, to rescue a student from a log jam in a river, and the subsequent death of the student, could reasonably have been expected to be very seriously traumatised by the experience. Yet, the person judged the
impact of that event at the time to be only moderate. In contrast, the participant
describing the threat to a group of students by another group of students (without actual
harm eventuating) judged the event to have had severe impact at the time, and the
participant describing a robbery from the school staff-room judged the impact to be
severe. These examples illustrate the importance of taking into account factors that
influence a person’s subjective appraisal of the severity of an event. These factors might
include a person’s personality, past history, specific training and experience, event
management and recovery circumstances, and sense of vulnerability of self or others.

Summary and Discussion

This chapter examined measures of Psychological Wellbeing, Sense of
Coherence and Personality of 245 teachers. In addition, it examined individual school
trauma histories of participants, and the nature and impact of a critical incident as
described by participants in an autobiographical narrative account of a nominated event.

In keeping with study expectations, events that could be classified as commonly
occurring events (such as a natural death) were nominated as critical incidents by
participants. Further, other issues, such as professional misconduct or conflict, theft, or
vandalism were also nominated as events that evoked strong responses.

Four distinct response categories following critical incidents were identified:
negative feelings; negative cognitions; positive cognitions; and negative impact on
functioning. The responses reported are consistent with study expectations that
emotional and cognitive responses to a wide range of critical incidents in schools are
most characteristically those associated with grief or distress, and not those associated
with psychological trauma.
Results point to individual and collective issues that may have potential for facilitating and enhancing both pre-existing as well as new coping mechanisms after an incident by attending to the five Wellness Factors (WF) for management as proposed in this study. For example, comprehensibility (SOC) may be strengthened by ensuring that teachers have access to the information (WF) they need, positive relations with others (PW) may be enhanced by encouraging teachers to respond according to their individual need (WF), or manageability (SOC) may be enhanced by providing emotional and practical support (WF).

The relationships between Neuroticism and the dimensions positive functioning suggest that any response mechanisms that accommodate high emotionality, for example, encouragement to respond according to individual need (WF) may enhance individual coping and facilitate collective wellbeing.

The range of subjective responses reflecting the personal, relational and nurturing role assumed by teachers suggest that recovery may be enhanced if school response mechanisms following critical incidents attend to the Wellness Factors, such as ‘responding according to individual need’, and the provision of ‘emotional and practical support’ as described by Jackson and Bates (1997). Further, the responses reported in the response category ‘dissatisfaction with school response mechanisms’ point to the relevance of the Wellness Factors ‘access to information’ ‘readiness’ and ‘leadership’.

The five categories of positive cognitive responses reflect the study’s identification of the importance of collectives and the role of the Wellness Factors (Jackson & Bates, 1997) in traumatic incident management processes. Further, these responses can be identified with dimensions of Posttraumatic Growth such as Positive Relations with Others, New Possibilities, Personal Strength, and Appreciation of Life.
Given the study expectation that collective issues are important in coping and healing after traumatic experiences, and the findings of very strong impact at the time, mechanisms that facilitate the restorative responses are likely to be helpful not only for the teachers themselves, but also for the communities in which they function, especially other staff and the students for whom they are responsible.

The findings in this chapter confirm the expectation that the presence of certain salutogenic factors in response processes can enhance the recovery and wellbeing of those affected by traumatic events, and therefore suggest that attention should be given to addressing these in critical incident management planning and post-event response mechanisms and interventions.

Chapter 5 examines the specific personal responses of teachers and school response mechanisms and management following a critical incident in a school.
CHAPTER 5

STUDY 2: POST-EVENT EXAMINATION OF THE IMPACT
OF A CRITICAL INCIDENT ON TEACHERS

This chapter describes Study 2, a follow-up interview study of a sub-set of teachers \((N=30)\) from the Study 1 sample. Subsequent to the gathering of data for Study 1, each time a participating school had experienced a critical incident involving the death of a student or a teacher, those teachers who had been impacted by the event were invited to be interviewed about their experiences.

The focus on events involving a death in the school community was a deliberate choice that was informed by the high rate of reports of deaths as critical incidents in the autobiographical accounts of Study 1. Study 2 examined individual stress/trauma responses and coping strategies, and individual perspectives of organisational (school) response mechanisms to the critical incident under consideration in greater depth. Further, Study 2 investigated relationships among pre-incident measures of individual characteristics and traumatic experiences, and post-critical incident responses and coping. Data were examined to identify any relationships among individual responses to this event and: (a) individual characteristics, using data from Study 1 as well as additional personal measures; (b) features of the particular critical incident; and (c) the school organisational management processes adopted to deal with the event. In this context, the presence or absence of salutogenic approaches to critical incident management was examined. Analyses incorporated both quantitative approaches, via questionnaire and inventory data, and qualitative approaches, via content analysis of interview data.
Section 1 of this chapter describes the identification of schools and provides an overview of the critical incidents that were studied and the recruitment of participants. Section 2 describes the characteristics of participants. Section 3 describes the study instrument, which included measures of Posttraumatic Growth, Personality Characteristics, and Individual Trauma History. Section 4 describes the semi-structured interview process whereby each participant was interviewed to gather: (a) a personal account of the event; (b) the individual’s perception of his/her own response; and (c) an account of the school’s management strategies, including what helped or hindered the participant’s own capacity to cope. Section 5 describes the results of individual measures of Posttraumatic Growth, Personality Characteristics, and Individual Trauma History, and reports on relationships among pre-incident measures of individual characteristics and traumatic experiences (from Study 1), and post-critical incident response and coping (from Study 2 measures, and from interview data). Section 5 presents an analysis of data gathered in the semi-structured interviews of participants, including an analysis of organisational management processes that were judged by participants to have helped or to have hindered their sense of wellbeing and their capacity to cope.

Schools and Participants

After the completion of Study 1, participating schools were monitored over a three year period for the occurrence of a critical incident that included the death of a member of the school community - a member of the school staff, a current student, or an immediate ex-student - and that was regarded as having had a significant impact on the school community. Three incidents involved the deaths of teachers. One incident
involved the deaths of four students who were immediate past students of the school, and the fifth incident involved the death of a current student.

**Event A: Deaths of Two Teachers**

School A was a large dual campus school located in a city but also drawing students (and staff) from rural areas. Two teachers from the same campus of the school died within one month of each other. Thirteen teachers were located on this campus which catered for one year level of lower secondary aged students. After a long history of being a unique and separate entity from the main school, the entire campus, students and staff, were due to be integrated into the main campus at the end of the same year that the deaths occurred. The Principal and senior managers of the school were located at the main campus.

The first teacher to die was a male specialist teacher who had teaching contact with each of the classes on the campus. He was a young married man who contracted a common illness that is rarely serious, but in this case, medical complications led to his sudden death. Approximately one month later, an older, long-serving teacher of the school, also male, died very suddenly of coronary disease. This teacher held the most senior position on the campus and was the designated campus leader. At the time of the first death the staff of the affected campus were closely involved in the support of each other, and in supporting the bereaved family, including arranging and contributing to the funeral. The campus was closed on the day of the funeral so that all staff who wished to do so could attend.

When the second teacher died his funeral was held interstate. A memorial service was held in the location where the man lived. However, at the direction of the Principal, it was held in the evening. This arrangement meant that some teachers,
students and parents who had wished to attend the memorial service were unable to do so. Although there were a variety of reasons for this inability to attend, the main reasons included family commitments or the fact that the individuals concerned resided some distance from the school. Some teachers and students traveled long distances from outlying rural areas to attend school and relied on public transport that was unavailable in the evenings.

Event B: Death of the School Principal

School B was a Year 7 to 12 school located in a rural community. The school had a history of many changes of Principal and the current incumbent had been appointed with a view to an extended stay in the position. This man was killed in a road accident while returning from an inter-school sporting event some three hours drive from the school. He had been present with a large group of students and staff only hours prior to the accident. The circumstances of the accident attracted extensive media attention. One part of this media coverage included an article that featured a detailed image of the crashed cars and a large photograph that was intended to show the Principal, however the wrong photograph was published and instead the photograph of another member of staff was shown. This error caused a great deal of added distress to the school community, and especially to the individual concerned.

Being a rural community, the death had a significant effect on the local community. The school was closely involved in funeral arrangement and in providing hospitality to mourners who travelled long distances to attend. Subsequent to the funeral the deputy principal assumed the role of acting principal until a new principal was appointed.
**Event C: Deaths of Three Ex-students**

School C was a small Kindergarten to Year 10 school in a small rural community. Four young men were killed in a horrific single car accident. All were well known in the wider community, and three of them were past students of School C and well known to many staff and current students. Two of those killed had siblings currently attending the school. The Principal of the school assumed the role of coordinating the local community response. The school was used as a support centre for the community. Three separate funerals were held over 2 days and many members of the school community were in attendance at each.

**Event D: Death of a Teacher**

School D was a Year 7-12 school located in a rural area. The teacher who died had been a member of staff for a long period of time. He was particularly well known and admired by a group of students with whom he had extensive extra-curricular involvement. The nature of his death – suicide – greatly impacted on the whole school community, particularly those students who knew him well. The school played a significant role in supporting the family and in funeral arrangements. Staff experienced the ongoing impact of his death particularly due to the serious effects it had on the emotional and physical wellbeing of several students. In addition, the absence of an apparent motive for the suicide added to the distress and concern of many staff members.
Event E: Death of a Student

School E was a large dual campus school catering for Years 11 and 12 students. A Year 11 student died by suicide one week after the students had finished classes for year. She was a well-known and respected student. Several staff who knew her very well, and had ongoing contact with her during the year were away on camp with a large group of students and were charged with the responsibility of informing the students of her death. As students had finished school for the year and many staff were engaged in professional academic duties away from the school (and in some cases, out of town) the task of informing students and staff was particularly challenging. Several staff were closely involved in supporting her family and in assisting with funeral arrangements.

Recruitment of Participants

The author monitored schools for events that may have been appropriate for the purposes of this study. Schools that had experienced the death of a teacher, a student or an immediate past student were identified on the basis that the degree of impact within the school community had prompted the school to activate a critical incident response. The five schools targeted for Study 2 represented five of seven known such events occurring within the participating schools (from Study 1) in the time frame of the study. The schools that participated in this study were selected because the critical incidents they encountered involved the sudden death of a member of the school community, and a critical incident intervention was enacted in response to the event. Of the other two schools, one incident involved the anticipated death of a member of staff, and the other school did not enact a critical incident intervention. The participating schools
experienced the death among their community approximately four, 15, 25, 28 and 35
months after the Study 1 survey was administered.

Following identification of a school that had experienced a critical incident, the
author approached the school principal to seek permission for teachers in the school to
participate in Study 2. Approval was granted in every case. The principal was asked to
identify and approach up to six teachers who would be prepared to participate in the
study. Conditions for participation included having completed the Study 1 questionnaire
and a willingness to complete the Study 2 instrument and participate in a semi-
structured interview.

The school principal notified the author, after having obtained verbal agreement
to participate from potential participants. Each candidate was sent: a letter outlining the
aims of the study, the study requirements, a declaration of ethical approval from the
University to conduct the study; and a copy of the study instrument (see Appendix C).
This was together with a stamped addressed envelope for return of the completed study
to the researcher.

Participants were surveyed and interviewed between four and eleven months
after the event occurred. There were several reasons for allowing some months to lapse
following the event, before interviews were conducted, including:

1. It allowed for an acceptable passage of time for normal recovery from the acute
   phase of the response to the event to have occurred;
2. It allowed time for participants to process the experience and to experience and
   evaluate any potential personal or collective growth emanating from the experience;
3. It enabled the identification of individuals who may be experiencing ongoing impact
   from the experience;
4. It provided sufficient temporal distance for participants to reflect on the effectiveness or ineffectiveness of school response processes, and on any omissions from the interventions; and

5. It presented an opportunity to identify ongoing or new issues emerging from the event that warrant being addressed.

The range in time lapse after the occurrence of the event (4 to 11 months) was due to: (a) the availability for interview of the teachers in the nominated school (e.g., holiday breaks or pressure periods such as examination and report times influenced their availability); or (b) the availability of the interviewers to travel to school locations.

Appointment times for the interviews were made through the school Principal. Interviews were conducted at the school at a time mutually acceptable to the teacher and the interviewer. In each case the interviewer was the researcher or a co-researcher. Both were psychologists and experienced in conducting interviews. Interviews in Schools A, C and E were conducted by the author. In the interests of avoiding expectation bias, it was considered inappropriate for the author to conduct interviews in Schools B and D since she had current regular professional involvement with the staff concerned. All interviews in Schools B and D were therefore conducted by the co-researcher.

**Characteristics of the Participants**

Descriptive statistics for participants in Study 2 are detailed in Table 5.1. The gender ratio is a reasonable representation of the Study 1 sample and of teachers in the target population in Tasmania, where more women than men constitute school staffs. However, the ages, experience and roles of participants are characteristic of an older and more experienced sample of teachers. Table 5.1 shows that, in this sample, 33% teachers (n=10) are over 50 years of age, whereas only 23% of the teachers in Study 1
were of a similar age. Thirteen teachers (43%) in Study 2 had taught for more than 20 years, whereas only 28% of the teachers in Study 1 had taught for this length of time.

Further, 77% (n=23) of the teachers in this study occupied senior positions of responsibility (Year level co-ordinator, Subject co-ordinator or Management Team member) compared with Study 1 where 55% of the teachers occupied senior positions.

| Table 5.1 |
| Characteristics of Participants in Study 2 |

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N=30

The elevated age and experience of the sample of teachers in this study, as shown in Table 5.1, could be due to three factors: first, Principals were asked to nominate teachers for this study and may have approached those whose perspective on the issue might be informed by a broader school experience than the single event under consideration. Second, older teachers may have experienced higher impact at the time of...
the event (results considered later in this chapter confirm this suggestion) and therefore can be seen to have a particular contribution to make in critiquing the school’s response mechanisms. Third, more experienced teachers are likely to have taken leadership roles in school response mechanisms and interventions and can therefore be regarded as having greater insight into what was done and why it was done.

**The Research Questionnaire**

The research questionnaire comprised three scales: Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) to assess positive outcomes of the traumatic experience; The Five-Factor Model Brief Adjective Checklist (FFM-BACL: McLennan, 1998) to assess personality in terms of the Five-Factor model of personality dimensions; and the Stressful Life Experiences Screening (Stamm & Rudolph, 1997) to gather data on each participant’s personal history of traumatic experiences (see Appendix C).

**Posttraumatic Growth Inventory**

In Study 1, the constructs of Sense of Coherence and Psychological Well-being were shown to be factors associated with emotional health after traumatic experience. In the second study, a further measure of potential positive outcome following trauma was added. The Posttraumatic Growth Inventory (PTGI) was designed by Tedeschi and Calhoun (1996) to assess positive outcomes reported by people who have experienced traumatic events. The measurement of positive outcomes of trauma is consistent with a salutogenic model that seeks to acknowledge the psychosocial factors involved in remaining healthy in the aftermath of traumatic experience.

The PTGI is a 21-item scale designed to measure five factors of posttraumatic growth: new possibilities; relating to others; personal strength; spiritual change; and
appreciation of life. It requires that respondents rate each item on a 6-point Likert scale ranging from “0” = “not at all” to “5” = “to a very great degree”. The scale shows very high internal consistency ($\alpha=.90$) with the five factors accounting for 62% of common variance. The five factors also show substantial internal consistency: new possibilities ($\alpha=.84$); relating to others ($\alpha=.85$); personal strength ($\alpha=.72$); spiritual change ($\alpha=.85$); and appreciation of life ($\alpha=.67$). Test-retest reliability for the total PTGI is acceptable ($r=.71$).

Tedeschi and Calhoun (1996) considered the concurrent and discriminant validity of the PTGI by examining its relationships with optimism, personality, social desirability, and religious beliefs. The PTGI was found to be unrelated to social desirability, and was positively correlated with optimism ($r=.23$, $p<.01$), religiousity ($r=.25$, $p<.01$), and all the “big five” dimensions of personality except neuroticism (with extraversion ($r=.29$, $p<.01$), openness to experience ($r=.21$, $p<.01$), agreeableness ($r=.18$, $p<.01$), and conscientiousness ($r=.16$, $p<.01$)).

The PTGI was also shown to correlate with both positive affect ($r=.24$, $p<.01$) and negative affect ($r=.21$, $p<.01$). Sixty percent of respondents reported some to extreme negative effects of a traumatic event, and 94% reported some to extreme positive effects (Tedeschi & Calhoun, 1996).

The PTGI demonstrated construct validity when responses of those who have experienced severe trauma were compared with the responses of those who had not experienced trauma. Those who had experienced extreme trauma had higher scores on new possibilities, relating to others, personal strength, and appreciation of life. There was no significant difference between the two groups on the spiritual change factor. No significant relationship between the PTGI and age was demonstrated ($r=.01$, $p>05$).
The Personal Characteristics Inventory

The Personal Characteristics Inventory (PCI), derived from the Five-Factor Model Brief Adjective Checklist (FFM-BACL) (McLennan, 1998), is a 40-item self-report inventory designed to assess personality in terms of the Five-Factor dimensions of Agreeableness, Conscientiousness, Emotionality, Openness, and Extroversion. Each dimension is measured by an 8-item scale, and items are rated on a 7-point Likert scale ranging from 1 = never to 7 = always. McLennan (1998) reported internal consistencies for the 5 scales as follows: Agreeableness, .69; Conscientiousness, .72; Neuroticism, .81; Openness, .70; and Extroversion, .88. Concurrent validity with the NEO Five Factor Inventory (Costa & McCrae, 1992) showed alpha reliability coefficients as follows: Agreeableness, .72; Conscientiousness, .77; Neuroticism, .84; Openness, .78; and Extroversion, .88. Thus, this scale shows adequate reliability and criterion related validity as a measure of the Five Factor Model of personality.

For the purposes of this study only the three scales measuring Emotionality, Openness, and Extroversion were included. This was done for two reasons. First, it was considered important, in the interests of encouraging teachers to participate, that the study instruments be as short as possible, to minimise completion time. Using only three scales meant that the modified scale would become a 24-item inventory. Second, the three dimensions of Emotionality, Openness, and Extroversion were considered to be most relevant to this study since they related most closely to the measures of personality obtained in Study 1. Notably, the dimensions of Emotionality and Extroversion correspond to Extraversion and Neuroticism as measured by the EPI (Eysenck, 1954) and the dimension Openness was hypothesized to relate to the dimension of Openness to New Possibilities as measured by the Psychological Wellbeing Scale (Ryff & Keyes,
1995). It was considered that incorporating only three scales in the research questionnaire would not compromise the psychometric strength of the individual scales.

**Stressful Life Experiences Screening – Short Form**

The Stressful Life Experiences Screening – Short Form (Stamm & Rudolph, 1997) was used to measure stressful life experiences of participants. The screening lists 20 categories of life experiences that are considered to be potentially very stressful. Respondents indicate the degree to which each statement best describes their personal experience on a 10-point Likert scale ranging from 1 = “I did not experience”, through 5 = “somewhat like my experience” to 10 = “exactly like my experience”. Two scores are obtained from this screening as a measure of participants’ trauma history: (a) the number of events that participants note; and (b) a total score of the points allocated to the 20 events.

**Semi-Structured Interviews**

The semi-structured interview outline is shown in Appendix D. The interview process was intended to gather from each participant: (a) a personal account of the event targeted for this study; (b) the individual’s perception of his/her own response; and (c) an account of the school’s management strategies, including what helped or hindered the participant’s own capacity to cope.

Interviews commenced with a review of consent issues. Participants were informed that there were no right or wrong answers and that the interview was intended to gather their personal perspective of the event under examination. They were also
informed that the interview would be taped for the purposes of data collection and that the tapes would be erased when the relevant data had been gathered. It was stressed that the content of the interview would remain confidential, and that any reporting of the content of the interview would not contain identifiable individual data. Each participant was asked if they understood that they were free to withdraw from the interview at any time during the interview. Where ratings of responses were required, participants were asked to rate their response to the issue under consideration on a Likert scale from “1” = “not at all”, through “5” = ”to a moderate degree”, to “9” = “very high”. With the agreement of the participant, the interview proceeded according to the interview schedule.

Specifically, the interview process sought to gather demographic data, including age and gender. Teachers were then asked to rate the impact of the event at the time, both personally and professionally. Personal ratings focused on the impact of the event from a personal perspective, whereas professional ratings sought to ascertain the impact on the teacher on their professional functioning. Similar ratings were then gathered for the impact of the event at the time of the interview.

The next stage of the interview gathered self-report ratings of participants’ stress responses following the critical incident. The DSM-IV-TR symptoms of Acute Stress Disorder (ASD) were specifically addressed in this exploration: re-experiencing; avoidance; numbing; increased arousal; social functioning; occupational functioning; guilt; disillusionment with authority; hopelessness; memory impairment or forgetfulness; sadness or depression; and feeling overwhelmed. The ASD symptoms were selected because they provided a comprehensive coverage of characteristic stress and trauma responses, and also included a dimension that specifically addressed
concerns with possible collective or organisational implications (disillusionment with authority).

Ratings were then gathered of assessments of the interviewee’s level of coping at the time of the event (coping then) and at the time of the interview (coping now). The next section of the interview focused on the appropriateness and relevance of the school’s response strategies. Teachers rated the degree to which they considered the school had addressed the six Wellness Factors (Jackson & Bates, 1997): emotional and practical support; active involvement; responding according to individual need; access to information; readiness; and leadership (these factors were discussed in Chapter 2). Specifically, ratings were sought concerning the effectiveness of each factor from a personal perspective, and from an organizational perspective.

Finally, ratings were gathered of the interviewees’ perceived capacity to be of assistance to others in their school community (students and staff) at a time of crisis and distress. The interviews concluded with an opportunity for participants to raise any issues that they considered important and that had not been covered in the interview process.

Results

In this section, results of the self-report scales are presented. Next, interrelationships among the self-report measures are reported. The third section reports the results of ratings gathered from the semi-structured interviews and their relationships with the self-report measures from the study questionnaire. The fourth section addresses additional issues raised in the semi-structured interviews. The chapter concludes with a summary and discussion.
Where appropriate, quotations from the study interviews are used to exemplify
the focus of the particular issue under examination. A more extensive sample of
interview quotations is included in Appendix E.

**The Self-Report Scales**

Alpha reliability coefficients for Posttraumatic Growth and PCI and
intercorrelations among the dimensions of Posttraumatic Growth, personality, and
measures of positive functioning are shown in Table 5.2. Intercorrelations among EPI,
PW and SOC are not included in this table since they were addressed in Chapter 4 (see
Table 4.1, p.91). Significant correlations shown in these results are at a significance of
$p<.05$ except where noted otherwise. Means and Standard Deviations for age and
gender for each scale and subscale are shown in Table 5.3. Analysis of data for the EPI,
Sense of Coherence and Psychological Wellbeing scales is described in Chapter 4.
<table>
<thead>
<tr>
<th></th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
<th>6.</th>
<th>7.</th>
<th>8.</th>
<th>9.</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
<td>PTG New Possibilities</td>
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<td>3.</td>
<td>PTG Personal Strength</td>
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<td>.81**</td>
<td>.71</td>
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<td>PTG Spiritual Change</td>
<td>.78**</td>
<td>.75**</td>
<td>.71**</td>
<td>.61</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>PTG Appreciation of Life</td>
<td>.74**</td>
<td>.72**</td>
<td>.71**</td>
<td>.58**</td>
<td>.80</td>
<td></td>
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<td></td>
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<td>6.</td>
<td>Posttraumatic Growth Total</td>
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<td>.93**</td>
<td>.91**</td>
<td>.83**</td>
<td>.83**</td>
<td>.91</td>
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<tr>
<td>7.</td>
<td>PCI Neuroticism</td>
<td>-.28</td>
<td>-.04</td>
<td>-.25</td>
<td>-.19</td>
<td>-.25</td>
<td>-.22</td>
<td>.78</td>
<td></td>
</tr>
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<td>8.</td>
<td>PCI Extroversion</td>
<td>.16</td>
<td>.28</td>
<td>.25</td>
<td>.29</td>
<td>.13</td>
<td>.24</td>
<td>-.36*</td>
<td>.67</td>
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<tr>
<td>9.</td>
<td>PCI Openness</td>
<td>.43*</td>
<td>.24</td>
<td>.38*</td>
<td>.27</td>
<td>.33</td>
<td>.38*</td>
<td>-.29*</td>
<td>.19</td>
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<td>10.</td>
<td>EPI Neuroticism</td>
<td>-.24</td>
<td>-.22</td>
<td>-.26</td>
<td>-.21</td>
<td>-.08</td>
<td>-.24</td>
<td>-.06</td>
<td>.10</td>
</tr>
<tr>
<td>11.</td>
<td>EPI Extroversion</td>
<td>.42*</td>
<td>.46*</td>
<td>.58**</td>
<td>.31</td>
<td>.31</td>
<td>.48**</td>
<td>.04</td>
<td>.18</td>
</tr>
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<td>12.</td>
<td>Psychological Wellbeing Total</td>
<td>.50*</td>
<td>.31</td>
<td>.36</td>
<td>.34</td>
<td>.20</td>
<td>.41*</td>
<td>-.34*</td>
<td>.46*</td>
</tr>
<tr>
<td>13.</td>
<td>PW Self Acceptance</td>
<td>.35</td>
<td>.05</td>
<td>.22</td>
<td>.16</td>
<td>.12</td>
<td>.29</td>
<td>-.15</td>
<td>.22</td>
</tr>
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<td>PW Autonomy</td>
<td>.38*</td>
<td>.33</td>
<td>.38*</td>
<td>.40*</td>
<td>.24</td>
<td>.39*</td>
<td>-.09</td>
<td>.21</td>
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<td>15.</td>
<td>PW Environmental Mastery</td>
<td>.38*</td>
<td>.08</td>
<td>.11</td>
<td>.25</td>
<td>.07</td>
<td>.22</td>
<td>-.20</td>
<td>.17</td>
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<tr>
<td>16.</td>
<td>PW Personal Growth</td>
<td>.20</td>
<td>.03</td>
<td>.08</td>
<td>.09</td>
<td>-.15</td>
<td>.08</td>
<td>-.36</td>
<td>.37*</td>
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<td>17.</td>
<td>PW Purpose in Life</td>
<td>.44*</td>
<td>.37*</td>
<td>.56**</td>
<td>.23</td>
<td>.38*</td>
<td>.46*</td>
<td>-.38*</td>
<td>.42*</td>
</tr>
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<td>18.</td>
<td>PW Relations with Others</td>
<td>.27</td>
<td>.21</td>
<td>.17</td>
<td>.25</td>
<td>.18</td>
<td>.24</td>
<td>-.21</td>
<td>.50**</td>
</tr>
<tr>
<td>19.</td>
<td>Sense of Coherence Total</td>
<td>.25</td>
<td>.09</td>
<td>.18</td>
<td>.10</td>
<td>.17</td>
<td>.19</td>
<td>-.31</td>
<td>.38*</td>
</tr>
<tr>
<td>20.</td>
<td>SOC Comprehensibility</td>
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<td>.00</td>
<td>.09</td>
<td>.13</td>
<td>.15</td>
<td>.09</td>
<td>-.29</td>
<td>.46*</td>
</tr>
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<td>21.</td>
<td>SOC Manageability</td>
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<td>.21</td>
<td>.29</td>
<td>.18</td>
<td>.23</td>
<td>.28</td>
<td>-.27</td>
<td>.32</td>
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<td>22.</td>
<td>SOC Meaningfulness</td>
<td>.28</td>
<td>.01</td>
<td>.10</td>
<td>-.07</td>
<td>.04</td>
<td>.12</td>
<td>-.21</td>
<td>.12</td>
</tr>
</tbody>
</table>

*Note:* Values in bold are alpha reliability coefficients; other figures are Pearson’s r correlations (2-tailed). ** Significant at .01; * Significant at .05; PTG = Posttraumatic Growth; PCI = Personal Characteristics Inventory; PW = Psychological Wellbeing; SOC = Sense of Coherence; EPI = Eysenck Personality Inventory.
Table 5.3
Means and Standard Deviations of Self-report Measures for Age and Gender.

<table>
<thead>
<tr>
<th></th>
<th>20-29yrs (n=2)</th>
<th>30-39yrs (n=9)</th>
<th>40-49yrs (n=9)</th>
<th>50+yrs (n=10)</th>
<th>Male (n=11)</th>
<th>Female (n=19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Wellbeing</td>
<td>81.50</td>
<td>5.47</td>
<td>74.22</td>
<td>8.94</td>
<td>86.67</td>
<td>5.68</td>
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<tr>
<td>Sense of Coherence</td>
<td>54.50</td>
<td>7.78</td>
<td>53.56</td>
<td>8.28</td>
<td>64.33</td>
<td>5.41</td>
</tr>
<tr>
<td>EPI Extraversion</td>
<td>-1.00</td>
<td>1.41</td>
<td>.44</td>
<td>3.13</td>
<td>-1.78</td>
<td>2.91</td>
</tr>
<tr>
<td>EPI Neuroticism</td>
<td>.00</td>
<td>2.83</td>
<td>-1.56</td>
<td>4.56</td>
<td>-.44</td>
<td>3.97</td>
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<tr>
<td>PCI Extroversion</td>
<td>31.00</td>
<td>1.41</td>
<td>30.11</td>
<td>6.62</td>
<td>31.44</td>
<td>4.82</td>
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<td>PCI Neuroticism</td>
<td>24.50</td>
<td>7.78</td>
<td>26.67</td>
<td>4.53</td>
<td>21.22</td>
<td>6.53</td>
</tr>
<tr>
<td>PCI Openness</td>
<td>30.00</td>
<td>2.83</td>
<td>34.78</td>
<td>5.63</td>
<td>34.44</td>
<td>5.32</td>
</tr>
<tr>
<td>Posttraumatic Growth</td>
<td>38.00</td>
<td>28.28</td>
<td>37.78</td>
<td>14.93</td>
<td>40.00</td>
<td>22.43</td>
</tr>
<tr>
<td>PTG Relations with Others</td>
<td>12.00</td>
<td>7.07</td>
<td>11.00</td>
<td>5.07</td>
<td>13.78</td>
<td>8.45</td>
</tr>
<tr>
<td>PTG New Possibilities</td>
<td>11.50</td>
<td>7.78</td>
<td>10.67</td>
<td>4.18</td>
<td>9.89</td>
<td>5.64</td>
</tr>
<tr>
<td>PTG Personal Strength</td>
<td>7.00</td>
<td>5.66</td>
<td>7.33</td>
<td>4.61</td>
<td>8.11</td>
<td>4.54</td>
</tr>
<tr>
<td>PTG Spiritual Change</td>
<td>3.50</td>
<td>3.54</td>
<td>4.56</td>
<td>2.01</td>
<td>4.44</td>
<td>2.83</td>
</tr>
<tr>
<td>PTG Appreciation of Life</td>
<td>4.00</td>
<td>4.24</td>
<td>4.22</td>
<td>2.11</td>
<td>3.78</td>
<td>2.86</td>
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<tr>
<td>Stressful Life Experiences</td>
<td>9.00</td>
<td>1.41</td>
<td>32.89</td>
<td>24.89</td>
<td>26.78</td>
<td>16.03</td>
</tr>
</tbody>
</table>

N=30. Note: PTG = Posttraumatic Growth; PCI = Personal Characteristics Inventory; EPI = Eysenck Personality Inventory.
Posttraumatic Growth

The Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996) measured five outcomes of posttraumatic growth. The reliability of the total scale was high with an alpha coefficient of .91. Alpha reliabilities for the five scales ranged from .87 (Relations with Others) to .61 (Spiritual Change).

Relationships among each of the five outcomes and overall posttraumatic growth were strong and significant ($p<.01$) in all cases (see Table 5.2). The highest correlation was between New Possibilities and Relations with Others ($r=.84$) and the lowest correlation was between Spiritual Change and Appreciation of Life ($r=.58$). Correlations between Overall Posttraumatic Growth and each outcome were also strong, the highest being with Relations with Others ($r=.95$) and the lowest being equally with Spiritual Change and Appreciation of Life ($r=.83$). A series of ANOVAs for gender revealed no significant differences for the five PTG outcomes or for PTG overall (see Table 5.3 for means & SD’s). Some examples of Posttraumatic Growth reported by participants’ included:

1. **Relationships with Others**: “If this hadn't have happened … life might have just gone on and on and as it was going but because of this tragic event I felt like I wanted to get out and spend as much time with (my kids) as I could”; “I used to be arrogant … I would be far more sympathetic now of where people are coming from”; “It was special … even kids that you have problems with in your classes … seeing a totally different side to them, and having them come looking for you because they want to talk”; “I listen more to not only the students but also to the younger staff too”.

2. **New Possibilities**: “I would say that the event was like a catalyst for me – deciding that I had to make a decisions in my own life as far as direction – I think its because I saw how fragile life is”; “Maybe I needed something that made me look more carefully at myself … what I was actually doing, what I was actually achieving”; “I don’t think any other event has so drastically altered my whole direction”.

3. **Personal Strength**: “Something I learnt about myself was that I could cope with all sorts of things. I don’t think much could happen now that I think I couldn’t deal with”; “Well the events that have been most stressful in my life, while I never wanted to live through them, the fact was that I did live through
them, *I survived, and I surprised myself with my own strength*”; “It's now
getting to the stage where *I don't think that there's too much that this
community wouldn't be able to cope with*”.

4. **Spiritual Change**: “Of course it had some impact … *not to take yourself so
seriously*”; “*Priorities … I think suddenly some things don't become so
important*”; “There's a real spiritual impact. *I realised I had a false theology*,
which I believed that God wouldn't let bad things happen to good people. I
became so angry at God - just telling him things should not happen to good
people - bad things should not happen to good people. That is, of course,
absolute rubbish. And even though I had, in my modern adult life, never really
believed that, nonetheless, something deeply programmed into me believes that.
And so when bad things happen to good people I get very, very angry”; “*Is there
any point in praying*, because if you pray, does that mean anything good will
happen out of it? *There's some core values been shaken*”.

5. **Appreciation of Life**: “*Life is so fragile*. One minute he was here and the
next minute he’s gone completely. Our own lives are just as fragile”; “*It's had a
positive influence for me to get on with my life*”; “*It just brought completely
different values to life*. Your life flashes in front of you”; “*It is a rethink life ….what were the actual bits that you liked about his personality or his style and
perhaps trying to emulate those things*”.

**Personal Characteristics Inventory**

Initial alpha reliability coefficients for the three personality dispositions
measured were as follows: Extroversion, .59; Emotionality, .74; and Openness, .74. On
the basis of corrected item total correlations and alpha if an item was deleted, Items 21
and 24 were dropped from the Extroversion scale, thus improving internal consistency
to .67, Item 16 was dropped from the Emotionality scale, thus improving internal
consistency to .78, and Item 11 was dropped from the Openness scale, thus improving
internal consistency to .81 (see Table 5.2).

Low but significant negative correlations were noted between Emotionality and
Extroversion (*r*= - .36) and between Emotionality and Openness (*r*= - .29) (see Table 5.2).
No significant relationship was found between Extroversion and Openness. Notably, no
significant relationships were found among EPI and PCI measures for personality.

A one way multiple analysis of variance (MANOVA) for gender showed significant
differences between men and women for personality as measured by the PCI (Pillai’s
Trace = .34 ($F(3,26)=4.44$, $p<.05$). Inspection of the univariate comparisons showed that the significant gender difference was confined to PCI Openness ($F(1,29)=4.87$, $p<.05$), with men reporting higher Openness than women (see Table 5.3 for means & SD’s). No significant gender differences were shown for PCI Emotionality or PCI Extraversion.

**Stressful Life Experiences**

A list of the frequencies of events experienced by participants is shown in Table 5.4. The number of stressful life events reported by participants ranged from 0 to 12 ($M=4.40$, $SD=2.58$). Total scores ranged from 0 to 84 ($M=32.9$, $SD=21.41$).

No participant reported having felt responsible for the serious injury or death of another person (see Table 5.4). All other experiences were reported by at least one participant, the most frequently reported being witness to or experiencing a life threatening illness happening to self, a close friend or a family member ($n=27$) and being witness to or experiencing the death of a close friend or family member, other than a spouse or child ($n=25$). Three events were reported by only one participant. These were: self or a close friend or a family member has been the victim of a terrorist attack or torture; self has been involved in combat or a war or lived in a war zone; and as a child or an adult the participant has witnessed someone else being forced to have unwanted sexual contact.

A one way analysis of variance (ANOVA) for gender showed a significant difference in experience of stressful events ($F(1,29)=4.22$, $p<.05$), with men ($m=42.91$, $SD=22.79$) reporting significantly more stressful events than women ($m=27.11$, $SD=18.81$).
Table 5.4
Number of Participants Reporting Stressful Life Experiences

<table>
<thead>
<tr>
<th>Life Experience</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have witnessed or experienced a life threatening illness happening to me,</td>
<td>27</td>
</tr>
<tr>
<td>a close friend or a family member.</td>
<td></td>
</tr>
<tr>
<td>I have witnessed or experienced the death of a close friend or family member</td>
<td>25</td>
</tr>
<tr>
<td>(other than my spouse or child).</td>
<td></td>
</tr>
<tr>
<td>I have witnessed or experienced a serious accident or injury.</td>
<td>14</td>
</tr>
<tr>
<td>I have witnessed or experienced an extremely stressful event not already</td>
<td>10</td>
</tr>
<tr>
<td>mentioned.</td>
<td></td>
</tr>
<tr>
<td>I have seen or handled dead bodies other than at a funeral.</td>
<td>8</td>
</tr>
<tr>
<td>As an adult or child, I have witnessed someone else being choked, hit,</td>
<td></td>
</tr>
<tr>
<td>spanked, or pushed hard enough to cause injury.</td>
<td></td>
</tr>
<tr>
<td>As an adult, I was hit, choked or pushed hard enough to cause injury.</td>
<td>6</td>
</tr>
<tr>
<td>I have witnessed or experienced the death of my spouse or child.</td>
<td>5</td>
</tr>
<tr>
<td>I have witnessed or experienced a human made disaster like a plane crash or</td>
<td>4</td>
</tr>
<tr>
<td>industrial disaster.</td>
<td></td>
</tr>
<tr>
<td>I have witnessed or experience a chemical or radiation exposure happening to</td>
<td>4</td>
</tr>
<tr>
<td>me, a close friend, or a family member.</td>
<td></td>
</tr>
<tr>
<td>I have witnessed or been attacked with a weapon other than in combat or family</td>
<td>4</td>
</tr>
<tr>
<td>setting.</td>
<td></td>
</tr>
<tr>
<td>As a child/teen I was hit, spanked, choked or pushed hard enough to cause</td>
<td></td>
</tr>
<tr>
<td>injury.</td>
<td></td>
</tr>
<tr>
<td>As a child/teen I was forced to have unwanted sexual contact.</td>
<td>3</td>
</tr>
<tr>
<td>As an adult I was forced to have unwanted sexual contact.</td>
<td>3</td>
</tr>
<tr>
<td>I have witnessed or experienced a natural disaster; like a hurricane or</td>
<td>3</td>
</tr>
<tr>
<td>earthquake.</td>
<td></td>
</tr>
<tr>
<td>I or a close friend or family member has been kidnapped or taken hostage.</td>
<td>2</td>
</tr>
<tr>
<td>I or a close friend or family member has been the victim of a terrorist attack</td>
<td>1</td>
</tr>
<tr>
<td>or torture.</td>
<td></td>
</tr>
<tr>
<td>I have been involved in combat or a war or lived in a war-affected area.</td>
<td>1</td>
</tr>
<tr>
<td>As a child or adult I have witnessed someone else being forced to have</td>
<td>1</td>
</tr>
<tr>
<td>unwanted sexual contact.</td>
<td></td>
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<tr>
<td>I have felt responsible for the serious injury or death of another person.</td>
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Relationships among Posttraumatic Growth and Measures of Positive Functioning

When examined in relation to the measures of positive functioning overall Posttraumatic Growth showed a significant moderate positive relationship with Psychological Wellbeing Overall (r=.41, see Table 5.2). A significant relationship was found between Psychological Wellbeing Overall and PTG Relations with Others
Moderate and significant relationships were shown among some PTG outcomes and some dimensions of Psychological Wellbeing (data from Study 1) as follows; Relations with Others with Autonomy \( (r=0.38) \), and Purpose in Life \( (r=0.44) \); New Possibilities with Purpose in Life \( (r=0.37) \); Personal Strength with Autonomy \( (r=0.38) \) and Purpose in Life \( (r=0.56, p<0.01) \); Spiritual Change with Autonomy \( (r=0.40) \); and Appreciation of Life with Purpose in Life \( (r=0.38) \). The lack of relationship between PTG and Ryff’s Personal Growth was noted. The Ryff measures are general measures of wellbeing whereas PTG relates to a specific life event, and the specificity of that event may attenuate correlations. No significant relationships were found among the dimensions of Posttraumatic Growth and Sense of Coherence.

**Relationships among Personality, Posttraumatic Growth, Psychological Wellbeing and Sense of Coherence**

When personality was examined in relation to posttraumatic growth, moderate, significant relationships were found among PCI Openness and Relations with Others \( (r=0.43) \), Personal Strength \( (r=0.38) \), and overall Posttraumatic Growth \( (r=0.38) \). Moderate significant relationships were found among EPI Extroversion and Relations with Others \( (r=0.42) \), New Possibilities \( (r=0.46) \), Personal Strength \( (r=0.58, p<0.01) \), and overall Posttraumatic Growth \( (r=0.48, p<0.01) \). However, no significant relationships were noted among PCI Extraversion and PTG. No significant relationships were noted among EPI Neuroticism or PCI Emotionality and PTG.

When personality was examined in relation to Psychological Wellbeing, moderate and significant positive relationships were found among PCI Extraversion and Psychological Wellbeing Overall \( (r=0.46) \) and the PW dimensions Personal Growth \( (r=0.37) \), Purpose in Life \( (r=0.42) \), and Relations with Others \( (r=0.50, p<0.01) \). Modest and significant negative relationships were found between PCI Emotionality and
Psychological Wellbeing Overall \( (r=-.34) \) and the PW dimension Purpose in Life \( (r=-.38) \).

When personality was examined in relation to Sense of Coherence, a moderate significant positive relationship was found between PCI Extraversion and the SOC dimension of Comprehensibility \( (r=.46) \), however no other significant relationships were noted.

The present results suggest that the EPI and the PCI may be measuring different dimensions of the personality traits Extraversion and Emotionality/Neuroticism. Correlational matrices among respective EPI and PCI items for each scale revealed only one significant relationship, between PCI item 10 (“Being depressed”) and EPI item 11 (“Are you sometimes bubbling over with energy and sometimes very sluggish?” \( r=-.44 \)). An examination of the scale items for EPI and PCI suggest that the EPI Extraversion scale measures preferences for social contact, social initiative, engagement in rapid or fast action (e.g., Item 2 “Do you prefer action to planning for action?”, Item 7 “Do you usually take the initiative in making new friends?”, Item 10 “Would you rate yourself as a lively individual?”. In contrast, the PCI Extraversion scale emphasises confidence and active engagement in social interactions (e.g., Item 6 “Being sociable”, Item 12 “Being talkative”, Item 18 “Being extroverted”). Further, the items for EPI Neuroticism emphasise changeability of mood (e.g., Item 1 “Do you sometimes feel happy, sometimes depressed, without any apparent reason?”, Item 11 “Are you sometimes bubbling over with energy and sometimes very sluggish?”), whilst those for PCI Emotionality emphasise negative affect (e.g., Item 4 “Being fearful”, Item 13 “Being anxious”). These differences may explain the different correlation patterns among the dimensions of the two personality scales and measures of positive functioning.
Stress Responses, Impact of the Event and Coping

The means and standard deviations of Acute Stress Disorder response ratings, and the frequency of participants’ ratings are reported in Table 5.5. Correlations among ASD responses, personality, Posttraumatic Growth, impact of the event, and coping are shown in Table 5.6.

The means reported refer to participants’ ratings of their experience of each ASD response (at the time of the event or in the weeks immediately following) on a Likert Scale ranging from “1” = “not at all” to “9” = “to a very great degree”.

Frequencies reported refer to the number of participants who reported low, medium and high impact, where “low” = a rating of “1-3”, “medium” = a rating of “4-6” and “high” = a rating of “7-9”.

**Table 5.5**
*Means, Standard Deviations and Frequency of ASD Responses Ratings*

<table>
<thead>
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<th>ASD Responses</th>
<th>Mean</th>
<th>SD</th>
<th>Impact Rating</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Low</td>
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<tr>
<td>Reexperiencing</td>
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<td>17</td>
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<td>Avoidance</td>
<td>3.23</td>
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<td>19</td>
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<tr>
<td>Numbing</td>
<td>2.96</td>
<td>2.85</td>
<td>22</td>
</tr>
<tr>
<td>Increased Arousal</td>
<td>3.70</td>
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<td>Impaired Social Functioning</td>
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</tr>
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<td>Impaired Occupational Functioning</td>
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<td>22</td>
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<td>Guilt – Omission/Commission</td>
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<td>21</td>
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<tr>
<td>Disillusionment with Authority</td>
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<td>3.49</td>
<td>19</td>
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<tr>
<td>Hopelessness</td>
<td>2.70</td>
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<td>Memory Impairment</td>
<td>1.93</td>
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<td>25</td>
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<td>Sadness, Depression</td>
<td>5.60</td>
<td>3.67</td>
<td>8</td>
</tr>
<tr>
<td>Overwhelmed</td>
<td>2.69</td>
<td>3.15</td>
<td>18</td>
</tr>
</tbody>
</table>

N=30
Overall, 22.5% of participants reported a high presence of ASD symptoms, 13.6% reported medium impact and 63.9% reported low impact. The stress response that evoked the greatest impact (medium or high) was sadness/depression, whilst increased arousal, reexperiencing, feeling overwhelmed, avoidance and disillusionment with authority also evoked strong impact. One response, disillusionment with authority, evoked no medium ratings – while 63.9% of participants reported low presence of this response, over one third (36.7%) gave it a high rating.

Some examples of Stress Responses reported by participants’ included:

1. **Reexperiencing**: “I still go over that meeting”; “The overwhelming grief was probably the hardest thing I’ve ever seen. The raw grief – I still see bits and pieces of that”; “It still intrudes – like last night. I was sitting in my lounge room and two cars went up the street pulling something like 140kmp”; “I often see someone and think ‘that’s him’”; “A friend of mine committed suicide a number of years ago and it brings all that back”; “You think you’ve got over it, but even last night … yes it all comes back”; “For the first year it all played through again.

2. **Avoidance/Numbing/Shock**: “I blocked out from how I felt about it, because it was almost just too much to deal with”; “I wasn’t really emotional over it. I had a sense of being really flattened - like a numb sort of feeling”; “It was disbelief ... in actual fact it took the better part of last year ... he had a very particular way of walking or standing ... you wouldn't mistake him for anyone else. And you would often see someone and think ‘that's him’”; “I don’t think I gave myself any consideration. I felt really detached from it”.

3. **Arousal: Sleeplessness/Fatigue/Irritability**: “I’d wake up and I'd have to get up and do something ... read or watch television or something to distract myself ... I really noticed it”; “I’m jumpy ... especially when I hear screeches”; “You would get to the stage where you just would feel so drained, just completely drained”; “The worst thing I found was that I wasn't terribly upset myself, but because of being faced with people who were, I found that very draining, very emotionally exhausting just being around them”.

4. **Impaired Social Functioning**: “I avoid friends. I don’t make occasions to go and see friends. I stay away”; “I didn't want to associate with the staff because I didn't know how to deal with it. And outside, I just didn't go out for a while”; “I did find all last year ... any sort of sort of function I would just think what's the point, you know, why are we mucking around like this”; “My inclination to socialise has diminished this year”.

5. **Impaired Occupational Functioning**: “My capacity to work was pretty well diminished. I became so ineffectual that I was spending hours and hours at
night with a pile of marking just staring. And I’m finding again this year, I just don’t have the concentration and sticking power”; “I just felt like I was drowning, for probably a term with the kids … I didn’t have the strength to yell and scream and take control and just sort of bumbled along the place waiting for someone to say ‘you’re not coping, there’s the door’”; “I lost the flow of the whole thing for a while … the paperwork side of things, the bookkeeping, the record-keeping, all of that just fell by the wayside”.

6. Guilt: Commission/Omission: “You desperately hoped that there wasn’t something you missed … wishing that he had come to me and talked to me. I went through a particularly down-time whilst I was at this school and a number of colleagues recognised that and went out of their way to help me. I felt a sort of guilt that I’d been helped and he hadn’t”; “I suppose it’s a delayed guilt in terms of how can you be so blind as to not pick up on those sorts of things … he was trying to flog off a perfectly good computer to me. Why did I just blindly accept?”; “I don’t think I asked the right questions. I don’t think I looked in the right places. Its pretty close to the bone this stuff in terms of the way I see things, the way I relate to everybody, so that’s my biggest concern - what I didn’t do?”.

7. Disillusionment with Authority: “The way it was dealt with was the hardest thing to cope with and I’m still very angry”; “The Principal never asked a question at all. It was never an issue for them. I was never an issue for them. It was other ordinary folk who were a great support for me personally. So the leadership is a great disappointment in that respect”; “It’s made me harder. I feel that I’m harder and I don’t accept things as easily now, that come from the leadership. I’m afraid I lost a bit of respect for a lot of them”; “Even though we talk about it, it hasn't come from the leadership. We need to be able to say ”We were wronged - we all feel wronged. I think that has to happen before it will be resolved”.

8. Hopelessness: “Professionally I think I’m a different person now than I was. I think it that I see a sense of futility in what I do and that I’ve lost my enthusiasm, my desire, my confidence. I’m really very aware, I think, of my inadequacies. That’s why I decided to resign”; “I just feel so inadequate”; “That’s the part I feel regret about that you can’t actually tap into every kid so that they make wise choices. You can’t make their choices for them I know. But why can’t they make better choices? Where do we fail along the way?”.

9. Impaired Memory/Concentration: “I don’t seem to have much long-term memory these days”.

10. Sadness/Depression: “I was very flat, very tired … just a heavy heart … a sense of loss, a sense of disbelief”; “For the first year it all played through again. I’ve sort of gone beyond the anger thing now … now I just feel hollow, flat”; “I say it was probably through her being upset that made me upset”.

11. Overwhelmed: “I think that I’ve got a long way to go –at the moment I’m really lost”; “The overwhelming grief was probably the hardest thing I’ve ever seen … the raw grief”; “On top of all of these other things it was just like
‘What else can happen?’ What else can happen around here?’ You know ‘Enough!’”; “The trauma wasn't just a case of dealing with his death, it was the extended stuff afterwards”.

Two additional stress responses were frequently reported by participants: (a) anger, directed towards the school’s administration when participants perceived the school’s response to be inadequate or inappropriate, or in response to the circumstances of the event (especially when this was a suicide); and (b) a conflict between attending to their personal emotional reactions and needs, and their perceived need to contain these in order to exercise their professional responsibilities.

Some examples of these additional stress responses include:

1. **Anger:** “I had anger towards him … I have been known on occasion last year particularly dealing with some of those kids, to think “Bugger you doing this” because of the impact that it had on other people”; “I don't think about it but then something will happen that reminds me of them … and it's not that lovely memory of them that comes back, it's the anger that comes back and that’s sad”; “I was really angry with him because I felt, ‘Look at the mess you’ve left behind’”; “It was ‘if I've got to get on with it why can't you?’ That might sound really selfish but that’s how I felt”.

2. **Personal/Professional Conflict:** “There was a dissonance, a feeling like I was falsely detached from something that was really deeply upsetting”; “I don't know how long we actually were in that meeting/briefing. Time is a very exquisite thing when it is an occasion like that. It came to a point where I had to sort of almost like snap out of my personal (agenda) and start to really focus on what we were doing, how we were going to tell the kids, and all that sort of stuff at school”; “I suppressed my own personal responses in order to function professionally - I just switched me off”; “It's a bit like putting a lid on your own stuff to try and focus on what you've got to do with the kids”.

**Stress Responses, Personality and Pre-Incident Measures of Wellbeing**

Significant relationships were shown among three of the personality measures and ASD ratings. Moderate, positive relationships were shown for the personality trait PCI Openness, with reexperiencing ($r=.38$), increased arousal ($r=.57$, $p<.01$), impaired social functioning ($r=.46$), and impaired occupational functioning ($r=.37$). EPI
Extraversion showed moderate, positive relationships with Avoidance ($r=.37$), sadness ($r=.58$, $p<.01$) and feeling overwhelmed ($r=.39$), while a moderate, negative relationship was noted between EPI Neuroticism and occupational functioning ($r=-.44$). No significant relationships were evident among the stress responses reported and the measures of Psychological Wellbeing or Sense of Coherence.

**Stress Responses and Posttraumatic Growth**

Overall, high stress responses were significantly related to subsequent Posttraumatic Growth outcomes (see Table 5.6). Several stress responses showed moderate to strong, positive, and significant correlations with Posttraumatic Growth outcomes as follows: sadness/depression ranged from .47 ($p<.01$) to .36 ($p<.05$), reexperiencing ranged from .51 ($p<.01$) to .43 ($p<.05$); disillusionment with authority ranged from .45 to .40 ($p<.05$); hopelessness ranged from .45 to .42 ($p<.05$); and occupational functioning with Personal Strength ($r=.43$, $p<.05$).

**Impact of the Event and Coping**

The impact of the event at the time and now, (at both personal and professional levels), the effectiveness of coping at the time and now, and assessment of the effectiveness of the school response were rated by participants on a 9-point Likert scale from “1” = not at all to “9” = to a very great degree”.
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**Note:** Pearson’s r correlations (2-tailed); ** Significant at .01; * Significant at .05. PTG = Posttraumatic Growth; PCI = Personal Characteristics Inventory; EPI = Eysenck Personality Inventory; 1=Reexperiencing; 2=Avoidance; 2b=Numbing; 3=Increased Arousal; 4=Impaired Social Functioning; 5= Impaired Occupational Functioning; 6=Guilt; 7=Disillusionment with Authority; 8=Hopelessness; 9=Forgetfulness; 10=Sadness/Depression; 11=Overwhelmed.
Correlations among ratings of Impact and Coping (at the time and now, & personally and professionally) and assessment of the effectiveness of the school response are shown in Table 5.7.

**Table 5.7**  
**Correlations among Ratings of Impact, Coping and School Response**

<table>
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<td>.47**</td>
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</table>

* N=30

The professional Impact of the event now revealed a strong positive relationship with professional impact at the time but not with personal impact at the time. Notably, personal impact now revealed a strong negative relationship with assessment of the effectiveness of the school response, whilst and coping now revealed a strong positive relationship with assessment of the effectiveness of the school response.

The frequency of participants’ ratings of the impact of the event and coping are shown in Table 5.8. Over 65% of participants rated the impact of the event at the time, both personally and professionally, as high, whilst rating the effectiveness of the school response as high at the same time (see Table 5.8). Despite high impact, similar numbers of participants rated their coping, both at the time and now, as high. Nevertheless, there might have been differences over time if a larger range of coping scores had been accessed.
Table 5.8
Frequency of Ratings of Impact, Coping and School Response

<table>
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<th>High</th>
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<tr>
<td>7. School Response Effectiveness</td>
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N=30. Note: Low=1-3; Medium=4-6; High=7-9.

Changes in Ratings of Impact and Coping Over Time

Within subjects t-tests were calculated to examine differences in ratings of personal and professional impact of the event at the time of the event and at the time of the interview. An additional within subjects t-test was calculated to examine differences in ratings of coping at the time of the event and at the time of the interview. There was a significant decline in personal impact over time (t(29)=4.4, p<.01) with the mean for impact now, M=5.00, SD=2.53) being lower than the mean for impact then (M=6.83, SD=1.91). There was also a significant decline in professional impact over time (t(29)=4.09, p<.01) with the mean for impact now (M=4.73, SD=2.84) being lower than the mean for impact then (M=6.33, SD=2.52). Mean paired differences were higher for personal impact (M=1.83, SD=2.31) than for professional impact (M=1.60, SD=2.14). Overall, participants rated their coping, both at the time and now, as high, regardless of impact. A within subjects t-test showed no significant change in coping over time (t(29)=.00, p=1.00) with the mean for coping then (M=6.8, SD=2.27) the same as the mean for coping now (M=6.80, SD=1.86).
To further explore the nature of change, a cross-tabulation was conducted of personal and professional impact ratings. For purposes of comparison, responses were grouped according to low (1-3), medium (4-6) and high (7-9) impact. Changes in participants’ ratings of the personal impact of the event, at the time and now, and professional impact of the event, at the time and now, are shown in Table 5.9 and changes in participants’ ratings of the level of their coping, at the time and now, are shown in Table 5.10.

**Table 5.9**

*Participants’ Ratings of Personal and Professional Impact Over Time*

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<td>Medium</td>
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<td>3</td>
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<tr>
<td>High</td>
<td>3</td>
<td>8</td>
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</tbody>
</table>

*N=30*

While there is a general decline in impact over time, there is still a substantial number of participants (8 of 30) who maintained high levels of impact despite the passage of time.
Table 5.10
Participants’ Ratings of Coping Over Time

<table>
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<tr>
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</tr>
<tr>
<td>High</td>
<td>1</td>
<td>3</td>
<td>15</td>
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</tbody>
</table>

N=30

Although the impact was high for many participants, levels of coping were also rated as high and were stable. Most participants (19 of 30) rated their coping as high both at the time and now. Only four participants rated their coping as low at the time of the event, and this has declined to two at the time of the interview.

**Stress Responses, Impact of the Event, and Coping**

An examination of relationships among stress responses and impact at the time and now (see Table 5.6) revealed strong positive relationships of impact at the time with reexperiencing ($r=.54, p<.01$) and guilt ($r=.44, p<.05$), but no significant relationship with impact now. Moderate to strong relationships among impact, both at the time and now, were shown for all other stress responses.

Of note is the increase to the significance of the relationship between disillusionment with authority and impact over time, from personal impact at the time ($r=.38$) to personal impact now ($r=.51, p<.01$). Disillusionment with Authority was not significantly related to coping at the time. However, a strong negative relationship was shown with coping now ($r=-.53, p<.01$). Thus, the better people were coping at the time of the interview, the lower their level of disillusionment with authority. Similarly, numbing showed no significant relationship with coping at the time, yet had a strong,
negative relationship was shown with coping now \( r = -0.70, p < 0.01 \). All other stress responses showed strong, negative relationships with coping, both at the time and now.

**Wellness Factors**

Correlations among most of the Wellness Factors were moderate to strong and significant, ranging from \( r = 0.42 (p < 0.05) \) to \( r = 0.90 (p < 0.01) \). The only exception was Personal Readiness, which showed no significant relationship with Access to Information (personal or professional) or with Impact of the Leadership on the organisation \( r \) ranged from .15 to .33, \( p > .05 \). An ANOVA for gender revealed no significant differences in the Wellness Factors.

Some examples of the Wellness Factors reported by participants’ in the semi-structured interviews included:

1. **Formal and Informal Support**: “(The counselling support for the students) was **something that we didn't have to worry about**, which was good because we were numb and shell-shocked. We wouldn't have known what to do. **It was good to have someone say, ‘We'll look after him for you, you just get through the next couple of days.’** It was good to know **things were really being looked after**”; “**They were there for us** if you needed support. **Not only for the kids** … if things got on top of you there was **always a staff member ready to go in** and take over from you so you could have a break”; “There was an immediate response in terms of having people in the school and having counsellors and support people … **there was a good, healthy immediate response** … and then, because the focus really became the students, **it was almost a feeling of being dropped like a hot brick**”; “We just sat around the table and had a talk about it … **it is really nice** to be told some of the feelings you might experience … to be **told it was normal … lots of affirmation and support**”; “We didn't always like each other but we always **made a real effort to get on and look out for each other**”; “**I was touched** by the number of students, as well as staff, who **asked me how I was coping** with it”.

2. **Active Involvement**: “I would've liked to be able to do something and I couldn't do anything so I was a little powerless. There was **nothing proactive for me to do**”; “I **wanted to be of assistance** to - I was quite willing and would have gladly have done an extra yard duty. If they came in and said could you just mind my class for five minutes I would gladly have done that. **I wanted to contribute** to the day to day running … I would rather that because there are lots of people who were willing to do things like the preparation for the memorial service and the counselling. **I would rather just pick up the phones**”;
“It was good in that I was included. I was asked to do the flowers (for the funeral). I felt empowered”; “I felt at least I was being useful there, and was able to direct my thoughts on to something rather than to be sitting down by myself having to think about it, so, you know, I was keeping myself busy I guess”; “I didn't have anything to do. I felt like I was removed, detached. My sources of information were sideways, made retrospective and after the fact. It probably would have been much healthier for me if I had been involved”.

3. Responding According to Individual Need: “I think my reaction was fairly low key, I guess, so it was really useful to have pointed out to us that there would be some people who will have very different reactions and they'll need to go and talk to somebody …. I think that's really useful because that would never have occurred to me”; “If you wanted to go and just sit under a tree, you felt like you could do that without anybody pressuring you, or wondering where you were. There was a great element of letting you cope in the way you needed to”; “I think it was very significant and important that they did give us that element of freedom … they publicly said that there would be lots of different reactions to this … it was really important that it was publicly said … it was really reiterated that people will respond differently and we, as individuals, must let people deal with it in their own way”; “There are times I value being alone. I like that solitude. But there are times when I need to be with other people”.

4. Access to Information: “I wasn’t at that initial meeting and I wasn't filled in so I didn't ever feel like I'd caught up”; “Open communication – that was very good here. You were told every step of the way … ‘this is what the police found’ and so on. You didn’t feel like you were treated like one of the kids. Quite often you find that the kids have got more information than you and its quite hurtful”; “I think the way they got the information to the students and to the broader community was really well-handled, it was swift and it was non-speculative”; “He didn't make any effort (to contact me). I felt very distant in the whole process … I did feel that I was always one step behind”.

5. Readiness: “I think what was helpful was having a plan of ‘what do we do?’ … We’ve been through it, we’ve talked about it, we set up a critical incident team, and suddenly we were in it”; “You obviously need to have access to the right sort of people – fifteen different people you could ring. And it's important to know the ones that are not appropriate”; “There was just a feeling that it was under control. You just had confidence – you knew things were being done. We followed the Critical Incident plan”; “What they did have in place worked and worked very, very well. I don't know what would have happened, to be quite honest, had we not had that session a few weeks before. I think what policies that we had due to that session worked and worked very, very well”.

6. Leadership: “There wasn’t a day went by that (the principal) wouldn’t say ‘how are you going?’ or ‘how are you wearing today?’”; “It's made me harder. I feel that I'm harder and I don't accept things as easily now, that come from the leadership. I'm afraid I lost a bit of respect for a lot of them”; “It was very organised – our principal is a very organised person and so with
something like that on the go she’s got it down to a ‘T’ …. It went very smoothly”; “They supported me 100 per cent. When administration people come out on a Sunday looking for you to see how you are coping because of what has happened speaks volumes to me”.

**Wellness Factors, Personality, Psychological Wellbeing, Sense of Coherence and Posttraumatic Growth**

Correlations among the Wellness Factors and Measures of Personality, Psychological Wellbeing, Sense of Coherence and Posttraumatic Growth are shown in Table 5.11. Most notable are the moderate to strong, negative and significant correlations found between each of the two measures of Extraversion (EPI & PCI) and the Wellness Factors (r ranging from -.37, p<.05 to -.57, p<.01). Strong, negative and significant correlations were also found among Posttraumatic Growth outcomes and Wellness Factors measuring School Readiness (then & now), Professional Access to Information, Impact of Leadership (personal & organizational), and Responses According to Individual Need (r ranged from -.36, p<.05 to -.54, p<.01).

When pre-incident individual measures of wellbeing (PW & SOC) were examined in relation to the Wellness Factors, moderate, negative and significant correlations were found between Sense of Coherence overall and SOC Comprehensibility and the WF Personal Access to Information, and between PW Autonomy and the Wellness Factors measuring School Readiness (then & now) (r ranged from -.40, p<.05 to -.46, p<.01).
Table 5.11  
Correlations among Wellness Factors and Measures of Personality, Psychological Wellbeing, SOC and PTG

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Note: Pearson's r correlations (2-tailed), ** Significant at .01 * Significant at .05; 1=Personal Support; 2=Support from Organisation; 3=Personal Active Involvement; 4=Professional Active Involvement; 5=Responding according to Individual Need; 6= Responding according to Professional Need; 7=Personal Access to Information; 8=Professional Access to Information; 9=Personal Readiness; 10=School Readiness Then; 11= School Readiness Now; 12=Impact of Leadership Personally; 13= Impact of Leadership Organisationally.
**Wellness Factors and Acute Stress Disorder Responses**

Correlations among the Wellness Factors and Acute Stress Disorder Responses are shown in Table 5.12. Overall, strong, negative and significant correlations were found among the ASD responses and the Wellness Factors (r ranging from -.36, p<.05 to r=-.79, p<.01). Notable were the correlations between Disillusionment with Authority and each of the Wellness Factors (r ranging from -.38, p<.05 to r=-.79, p<.01), and between Guilt and Access to Information, both personal and organisational (r ranging from -.61 to r=-.74, p<.01).

**Wellness Factors, Impact of the Event and Coping**

Relationships among the Wellness Factors and impact of the event and coping are shown in Table 5.13. The Wellness Factors were most closely related to personal impact now, showing moderate to strong, negative relationships ranging from r=-.41 (p<.05) to r=-.56 (p<.01). The Wellness Factors also showed moderate, negative correlations with Personal impact at the time and professional impact now (ranging from r=-.39, p<.05 to r=-.46, p<.01), and moderate to strong, positive correlations with coping both at the time and now (ranging from r=-.37, p<.05 to r=-.53, p<.01). Interestingly, the professional impact at the time of an event was not related to the wellness factors, however professional impact later showed significant negative relationships with the role of Leadership at a personal and a professional level.

Overall, the wellness factors were negatively and significantly related to the impact of the event and to coping.
### Table 5.12

**Correlations among Wellness Factors (WF) and Acute Stress Disorder (ASD) Responses**

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**Note:** Values in bold are alpha reliability coefficients; other figures are Pearson’s r correlations (2-tailed); ** Significant at .01; * Significant at .05

ASD1=Reexperiencing; ASD2=Avoidance; ASD2b=Numbing; ASD3=Increased Arousal; ASD4=Impaired Social Functioning; ASD5= Impaired Occupational Functioning; ASD6=Guilt; ASD7=Disillusionment with Authority; ASD8=Hopelessness; ASD9=Forgetfulness; ASD10=Sadness, depression; ASD11=Overwhelmed.

School Response=Effectiveness of School Response
Table 5.13
Correlations among the Wellness Factors, Impact and Coping

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N=30. Note: Pearson’s r correlations (2-tailed), ** Significant at .01 * Significant at .05; WF Support Pers= Personal Support; WF Support Org= Support from Organisation; WF Involv Pers=Personal Active Involvement; WF Involv Org=Professional Active Involvement; WF Needs Pers=Responding according to Individual Need; WF Needs Org= Responding according to Professional Need; WF Inform Pers=Personal Access to Information; WF Inform Org= Professional Access to Information; WF Read Pers=Personal Readiness; WF Read Org=School Readiness Then; WF Read Now= School Readiness Now; WF Leader Pers=Impact of Leadership Personally; WF Leader Org=Impact of Leadership Organisationally; ITPer=Personal Impact Then; ITPro=Professional Impact Then; INPer=Personal Impact Now; INPro=Professional Impact Now; CThen=Coping Then; CNow=Coping Now

School Management Responses: Additional Issues

In the course of the semi-structured interviews a number of additional concerns were raised by participants. These included:

1. **Review/Evaluation**: Concern was expressed that opportunities had not been made to review the incident response so as to learn from the experience. Participants’ comments included:

   “There **should have been a time for us to review**, just to work back through it again - that we'd structure in place an opportunity for us to look at that again or **revisit it in some way**”, “We needed an **opportunity for real honest feedback**, a way of **debriefing** or **improving the processes** of the team or something”;


“Some school leaders don’t open their ears to (others’ experience). They think they don’t need this kind of stuff. But the chances are they will”.

2. **Duration of Support**: Some participants had differing understanding of the need for support and the time for which this should extend. Comments included:

   “The way that the environment was abused … I felt disillusioned that sometimes the students could use the incident to get out of class … sometimes it's almost too much support, it's over-kill”; “I just thought it went on for a little bit long”; “There was no follow-up … like having some kind of de-briefing at the end of the year for those of us who were dealing with those kids in particular. Some staff might have appreciated that opportunity”; “There was an immediate response in terms of having people in the school and having counsellors and support people … there was a good, healthy immediate response … and then, because the focus really became the students, it was almost a feeling of being dropped like a hot brick”.

3. **Need for Professional Development**: Some participants expressed the need for staff to be better prepared to deal with the issues raised by Critical Incidents. Comments included:

   “If the staff could do a (grief) course like that they would become a little bit more aware of what the issues are”; “Every staff member in every school should actually do professional development on it because we don't know when it is going to happen again. And I think that everybody should go through the basics”.

4. **Enhanced Readiness**: Some participants spoke of their perceived need for schools to be more thoroughly prepared for Critical Incidents. Comments included:

   “I’d like to have a team of people who have the same concept as I do – of the essential elements of dealing with a critical incident. As long as you’ve got the thinking right. These are the things we have to make sure we do. That would be the ideal having a group of people, so it didn’t all rely on the principal. I’d have to be confident that I’d know that somebody else could coordinate it. I think that’s the big thing. I know it’s tricky because not every principal can do that coordination either I suppose. They certainly have to know what they are doing. Or have somebody who can”; “I would flood the critical incident team with adequate people and skills to cover all the possibilities so that there are people there who know what to do, who've been in a critical incident situation, either mock or real”; “That’s the point I was trying to make with the other principals … you need to have it in your head … you need to be familiar with it … so you just go into automatic. There are certain things you need to take into account. And you can’t afford to miss any of them”.
Summary and Discussion

Study 2 examined the individual stress and coping responses, and the perceptions of school management processes, of 30 participants following five separate critical incidents in four separate schools. Further, this study examined relationship among pre-incident measures of individual characteristics and traumatic experiences, and post-incident responses and coping. A focus was on the contribution of organisational management responses to the impact on individual responses and coping as well as organisational recovery and wellbeing. The incidents examined all involved the death of one or more students or staff from the participating schools.

Results for the Stressful Life Experiences Screening – Short Form (Stamm & Rudolph, 1997) revealed that the most commonly experienced events reported were being witness to or experiencing the death of a close friend or family member, and a life threatening illness occurring for one of these groups, or to self. Men reported significantly more stressful life events than women. Individual measures of wellbeing were significantly related to some aspects of personality but not others. PCI Extraversion showed significant positive relationship with Psychological Wellbeing and Sense of Coherence. PCI Emotionality showed a significant negative relationship with PW. PCI Openness and EPI Extraversion showed significant positive relationships with Posttraumatic Growth.

Acute Stress responses showed significant relationships among some personality measures: positive, with PCI Openness and PCI Extraversion (but not EPI Extraversion), and negative, with EPI Neuroticism (but not PCI Emotionality).

The present results suggest that the EPI and the PCI may be measuring different dimensions of the personality traits Extraversion and Emotionality/Neuroticism. These
differences explain the different correlation patterns among the dimensions of the two personality scales and measures of positive functioning.

Overall, 22.5% of participants reported high incidence of Acute Stress responses. In the semi-structured interviews, participants reported two responses that are not listed in the ASD criteria (DSM-IV-TR). These were:

1. Anger- directed towards the school’s administration when participants perceived the school’s response to be inadequate or inappropriate, or in response to the circumstances of the event (particularly when this was a suicide); and

2. Response Conflict: a conflict between attending to participants’ personal emotional reactions and needs, and their perceived need to contain or suppress these in order to exercise their professional responsibilities.

These responses were associated with reported disillusionment with authority. Strong positive relationships were also shown among Disillusionment with Authority and Guilt, and Impact at the time and now (both personally and professionally). Of particular interest were the strong positive relationship between disillusionment with authority and ongoing impact, and the strong negative relationship with current coping.

Emotional Numbing showed no significant relationship with coping at the time. However, a significant strong negative relationship was shown with coping now. This result bears some parallel with research findings that dissociation at the time of a traumatic event is a predictor of later onset of Posttraumatic Stress Disorder (PTSD) (e.g., Friedman, 2000).

Results showed significant negative relationships among Extraversion (both EPI & PCI) and PCI Openness, and the Wellness Factors. These findings suggest that individuals with higher levels of Extraversion or Openness may be more attuned to what is happening in the organisation’s environment, and more susceptible to the
negative impact of critical events and to making negative judgments about leadership efforts to respond to an event.

Significant strong negative relationships were shown among elements of the individual measures of wellbeing (PW & SOC) and the Wellness Factors. Further, significant strong negative relationships were also evident among some Acute Stress responses and the Wellness Factors. Most notable were the significant strong relationships among Disillusionment with Authority and each of the Wellness Factors.

Significant strong positive relationships among Acute Stress responses and PTG suggest that moderately stressful events (such as those examined in this study) have the potential to have significant positive outcomes at an individual level, namely, posttraumatic growth outcomes. However, the negative relationships that emerged among stress responses (especially Disillusionment with Authority) and PTG, and the Wellness Factors suggest that another parallel process may be occurring in the event of a critical incident. The same experiences that evoke personal growth may also evoke disillusionment and cynicism at an organisational level. This possibility has implications for the individual’s ensuing attitude towards leadership personnel, their workplace and commitment to it, and, therefore, for organisational morale and effectiveness.
CHAPTER 6

GENERAL DISCUSSION

The overall purpose of this thesis was to examine the stress responses and coping of teachers following critical incidents in schools, and to identify the individual and collective characteristics and management strategies that helped or hindered coping and recovery. Two specific issues that guided the research included the argument that definitions of critical incident in schools need to be expanded to include more commonly occurring events which, potentially, may evoke stress, grief or trauma responses in individuals and organisations, and the argument that collective coping and management strategies (in addition to individual approaches), are integral to the recovery of both individuals and organisations.

A salutogenic model of crisis response, which incorporates theoretical and empirical research that emphasises wellbeing and growth rather than pathology, informed the research. Commonly used pathogenic models focus on the potential for sickness unless trauma prevention treatment (such as psychological debriefing) is undertaken (Stuhlmiller & Dunning, 2000). However, these models may not best serve the needs of school communities (Breslau, 2000; Jackson, 2001; Rick & Briner, 2000; Rose, 2000; Stuhlmiller & Dunning, 2000; Violanti, 2000). In contrast, the salutogenic model is particularly relevant to schools because it focuses on the resources and strategies that lead to health and wellbeing (Davis, 2002; Ryff, Singer, & Selzer, 2002) and it incorporates both personal and collective dimensions that contribute to successful coping and mental health (Antonovsky, 1987; Everstine & Everstine, 1993, Stuhlmiller & Dunning, 2000). The salutogenic model alerts those responsible for crisis response to a wide range of stress responses in the affected community, serves to maximise any
salutary effects of the traumatic incident, and provides a framework for facilitating adjustment and healing of both individuals and the school as a collective (Gana, 2001; Jackson & Bates, 1997; Lustig, Rosenthal, Strauser, & Haynes, 2000; Pallant & Lae, 2002; Wissing & van Eeden, 2002; Tedeschi, Park, & Calhoun, 1998).

A major thrust of the work was to establish implications for the management of critical incidents in schools, including pre-incident planning and preparation and post-incident intervention and management. Using qualitative and quantitative measures, the two studies sought to establish the relevance and usefulness of the salutogenic approach in school crisis management.

Three specific questions about the identification of critical incidents, the factors influencing teachers’ coping, and the implications for school crisis intervention and management were addressed in this thesis:

1. Should commonly occurring events, such as the death of a student or colleague, be regarded as critical incidents in schools?

2. Are pre-existing personal wellbeing and resources related to an individual’s stress responses following critical incidents in schools, and what is their relationship to ongoing wellbeing and growth after an event?

3. What is the interface between the individual and the organisation following critical incidents, and what is the impact of intervention and management strategies on individual sense of wellbeing within the organisation?

1. Commonly Occurring Events as Critical Incidents in Schools

The first research question deals with the types of incidents that are identified as critical incidents in schools. Raphael & Meldrum (1994) described a traumatic incident
as an event or circumstance that is sudden, unexpected or untimely. Consistent with current research and literature (Jackson, 2001; Said, 2001; Victoria Department of Education, 1997; Whitla, 1994), and with the current study expectations, this thesis established that teachers experience a wide range of events as critical incidents. When presented with a range of critical incidents including death, serious injury, abduction or disappearance, and property damage, 87.7% of participants reported experiencing at least one of these critical incidents whilst a member of a school staff. Deaths were by far the most frequently reported type of incident, with 63.6% of participants reporting deaths by accident or violent crime and 64.1% reporting natural deaths. Significantly, 13% of participants reported having experienced more than 10 events. Further, when participants gave an autobiographical account of an event they nominated as a critical incident, similar numbers (57.7%) wrote about the death of a student, colleague or significant other. The autobiographical accounts revealed two additional categories of experience that participants regarded as critical incidents; the professional misconduct of a colleague or conflict with a colleague (including school management) was reported by 5.2% of participants; and an event involving serious crime committed by a student was reported by 2.6% of participants.

Chapter 1 discussed the defining features of critical incidents, which can cause strong emotional or psychological distress in normally stable and healthy people, and which have the potential to interfere with their ability to function either at the time of the event or later. (McManus et al., 1990). The study findings reflect current research, and study expectations, that individuals who are exposed to traumatic incidents can experience a range of responses, including grief responses, stress responses, or trauma responses (Breslau, 1998; Figley, 2002; Gordon, 1995; Neimeyer, 2002; Raphael, 1997; Van der Kolk, et al., 2002; Worden, 2002; Yehuda, 1998). Study 1 identified four
distinct response categories to critical incidents: feelings; negative cognitions; positive
cognitions; and impact on functioning. Strong feelings were described by 78.3% of
respondents in the autobiographical accounts. The most frequently reported cluster of
feelings included distress, sadness, loss, depression, and loneliness (46.8%), which was
consistent with the proportion of events involving the death of a student or colleague.
Other strong feelings were identified, including anger, regret, guilt, resentment, shock,
disbelief, numbness, fear, threat, anxiety, helplessness, inadequacy in responding, and
intrusive or recurring memories of the event.

Negative cognitions were reported by 72.3% of participants, most frequently
involving teachers’ concern about the negative impact of the event on students or
colleagues as well as their families. A negative impact on functioning reported by
20.8% of participants reflects the negative feelings and cognitions reported. High
ratings of acute stress symptoms were reported by 22.5% of participants in Study 2. Of
the 60.2% of participants in Study 1 who rated the impact of their nominated event as
severe to moderate, 39.6% indicated that the impact was still in the moderate to severe
range. Further, almost half of this group noted no reduction in impact over time.
Consistent with previous research (Breslau, 1998; Perren-Klingler, 2000; Shalev &
Yehuda, 1998; Yehuda, 1998), the present research revealed great variations in the
nature and intensity of individual responses of teachers to critical incidents.

Study 2 results showed that while 63.9% of participants reported low impact
stress responses following the event being studied, 22.5% of participants reported a high
level of Acute Stress responses. Findings highlighted the difficulties teachers faced in
dealing with this range of response. Those who were highly impacted often felt
diminished, unacknowledged and unsupported in the face of the determination of those
less affected to put the event behind them and resume normal school functioning, while
those minimally affected were troubled or annoyed by those who continued to display emotional responses at school and who appeared to want or need to perpetuate the distress and drama. This research has shown that responses to critical incidents are more typically grief or stress responses than trauma responses, and point to the importance of response-specific interventions following critical incidents. These findings highlight the need for responders to a traumatic event to be alert to the wide range of possible responses, and to be cognizant of the differing tasks required for successful adaptation. The tasks of trauma work, as proposed in Chapter 1 (p.21) provide a useful adjunct to prevailing models of the tasks of grief (Rando, 1997; Worden, 2000) for crisis intervention.

Although the issues that concern teachers in the event of a critical incident can include more objective organisational dimensions of the school, such as incident management processes, the findings of this research suggest that those which evoke the strongest impact arise out of teachers’ care for their students and colleagues, and their families, and out of their personal history of grief and loss. The results suggest that teachers perceive their roles as extending beyond the immediacy of the classroom into the broader collectives encompassed by the school community, and that a wide range of events are viewed as critical incidents by teachers. The results also reflect research on potential secondary, or vicarious, traumatic response (Figley, 1996; Pearlman & Saakvitne, 1995; Stamm, 1997). Consequently, the scope of the impact of any given event can be widespread, spanning personal and professional aspects of the teachers’ lives.

The current research has highlighted the variations in impact of critical incidents on teachers. Research discussed in Chapter 1 established how the perception of an event by those who experience it is crucial to the degree of impact experienced (Davis, 2002;
DSM-IV-TR, 2000; Raphael & Meldrum, 1994). Events judged to be very serious by some observers, and potentially evoking very high impact, may in fact evoke only moderate impact for some of those affected. Surprisingly, other events perhaps judged to be less serious may have evoked a more serious impact. This was evidenced in the present findings by the moderate impact rating of the participant who described trying unsuccessfully to rescue a student from a logjam, and the student subsequently dying. In contrast, two other participants gave severe ratings to a threat of some violence in the playground, and to a burglary. Such findings confirm study expectations that a wide range of events can be regarded as critical incidents, and that the relevance and severity of the event is determined by the impact experienced by individuals or the school community as a whole, rather than by any a priori list of events.

The findings from both Study 1 and Study 2 demonstrated that commonly occurring events can have significant impact on teachers. These findings support the research expectation that most of the events that teachers experience as critical incidents would be associated with grief and/or stress responses rather than trauma responses. As discussed earlier, it has been established that grief responses can co-exist alongside trauma responses (e.g., Davis, 2002, Raphael, 1997). However, participants in the present research rarely indicated responses typically identified as traumatic stress outcomes. A major challenge emerges for leaders and responders in the school setting following a critical event. When an event (e.g., a traumatic bereavement) has the potential to evoke grief, stress, or trauma responses (alone, or in combination), those providing support interventions need to thoroughly understand the unique characteristics of each response group and select interventions that, ideally, enhance coping, or at worst, do no harm.
In summary, the data show that commonly occurring events can be regarded as potentially stressful and disruptive to individual and school functioning. Findings point to the importance of assessing the degree of impact of the event on individuals and the school community overall, and of appropriate and relevant crisis intervention strategies. The data also show that less dramatic but more commonly occurring critical incidents have the potential to evoke great distress, and that the impact of such events can extend well beyond the initial crisis period.

2. Interactions among Individual Characteristics, Wellbeing, Individual Stress Responses, and Coping

The second research question deals with the relationships between individual characteristics, and post-event responses and adjustment. Data showed that personality was significantly related to individual wellbeing. Overall, neuroticism/emotionality was negatively related to psychological wellbeing and sense of coherence, whilst extraversion was positively related to wellbeing and sense of coherence. The personality dimension of Openness showed no significant relationship to wellbeing. The data revealed interesting relationships among some measures of personality, and stress responses and coping. The ‘Big Five’ characteristics of PCI Openness and EPI Extraversion (but not PCI Extraversion) were positively and significantly related to levels of acute stress responses and perceived impact at the time of the event. However, both measures of Extraversion (but not Openness) showed strong, significant positive relationships with the long-term impact of the event. These findings suggest that personalities who are more attuned to their external world, and social in orientation,
may be more open, and therefore vulnerable, to the distress and disorganisation that critical incidents can evoke.

It was expected that people who show high emotionality would also display high levels of stress reactions. Surprisingly, a negative and significant relationship was shown between EPI Neuroticism (but not PCI Emotionality) and acute stress reactions revealed in the interview data. Thus, people lower on neuroticism reported higher levels of acute stress reactions. Two important issues are raised by these findings. First, these results were gathered via self-report measures and raise the possibility that persons high on Neuroticism may under-report their own stress reactions in the context of organisational crises. This is an interesting possibility and invites further research. Second, the differences between the two measures of extraversion and neuroticism/emotionality used in this study (EPI & PCI), point to the possibility that they measure different dimensions of the personality traits. Consistent with previous research showing that personal factors influence post-traumatic reactions (Bartone, 2000; Perren-Klingler, 2000; Raphael & Meldrum, 1994; Shalev & Yehuda, 1998), the data point to the possibility that personality may be a mediator, or even a predictor, of the impact a critical incident on an individual.

Higher levels of impact following critical incidents were reported among the older teachers than among their younger colleagues. This vulnerability to stress in the older teachers may be accounted for by a number of factors, both personal and professional. The data also show that older teachers usually had experienced more critical events than younger teachers and, therefore, could be more alert to the potential impact on themselves as well as students and the school community as a whole. Older teachers may also carry with them residual effects from an accumulation of traumatic experiences in the school context as well as in their own lives. They may also be more
realistic about the challenges presented in responding effectively to such events and the potential ongoing effects of these events in people’s personal lives, and in the life of the organisation. In the light of research on secondary trauma (Figley, 1995b; 1996; 2002) and vicarious trauma (Stamm, 1997; 2002), these results suggest that those teachers who experience frequent exposure to critical incidents and the ensuing distress they evoke in a school community, may be at risk of ongoing emotional repercussions. Encouragingly, older teachers rated more highly on the Sense of Coherence dimensions of Manageability and Meaningfulness, which may equip them to adapt more readily over time to the impact of a stressful experience.

Antonovsky (1990a; 1990b) suggested that persons with a strong sense of coherence possess a large repertoire of coping resources and strategies. This means that they are able to select and activate what seem to be the most appropriate resources in a given situation, are open to feedback and the possibility of corrective action and so are more likely to engage in adaptive health behaviours than those with a weak SOC. Interestingly, and contrary to expectations, no significant relationships emerged among stress responses and coping, and measures of Sense of Coherence. Further, Psychological Wellbeing was not related to stress responses or coping. Sense of Coherence, however, may prove more relevant in this context as a construct for informing the formulation and implementation of crisis response mechanisms than it is as a measurement of wellbeing. For example, the SOC dimension of comprehensibility is useful as a construct that informs and enlightens management issues concerned with the provision of adequate relevant information about the details of a critical incident. The manageability dimension points to the need to provide support structures that enable affected individuals to mobilise their personal coping mechanisms or access new supports.
There was a strong positive relationship between levels of acute stress responses and Posttraumatic Growth. The strongest relationships were shown among Posttraumatic Growth and reexperiencing, impaired occupational functioning, disillusionment with authority, hopelessness, and sadness and depression. These results reflect previous findings of positive relationships between the severity of the event and subsequent posttraumatic growth (e.g., Calhoun & Tedeschi, 2002; Tedeschi, Park & Calhoun, 1998). Other evidence suggests that the relationship is more likely a curvilinear one, whereby a certain degree of initial disruption may be necessary for the development of PTG, while extreme levels of disruption may be less likely to evoke growth (Calhoun & Tedeschi, 1998a; 2002). It was not possible to investigate this relationship in the present research because none of the events examined in Study 2 involved extreme trauma reactions. The perception of benefits of traumatic experience does not mean that negative effects were absent – both positive and negative effects are often reported in the same person. However, in the current context, the results reflect study expectations that attention to salutogenic factors may enhance coping following a critical incident. The findings provide an encouraging indication that the experience of distress as a result of critical incidents need not be entirely negative, and that it has the potential to produce positive outcomes. Therefore, in the event of high impact following a critical incident, provision of personal support and effective organisational mechanisms has the potential to enhance the development of posttraumatic growth outcomes.

The relationship between personality and posttraumatic growth is unclear from the present data. EPI Extraversion was the only personality dimension that showed a significant (positive) relationship with posttraumatic growth. Based on these findings, it is possible that interventions following critical events that attend to the personal and
social dimensions of individuals’ extraversion traits may facilitate posttraumatic growth. There were also strong positive relationships among Posttraumatic Growth and the three Psychological Wellbeing dimensions of Autonomy, Environmental Mastery and Purpose in Life. Interestingly, these results point to the possible value of a strong sense autonomy, mastery and purpose when the surrounding environment is in a degree of disruption or chaos. If individuals’ and collectives’ senses of autonomy, mastery and purpose are strengthened prior to the occurrence of a critical event, and if they are supported and enhanced by intervention strategies following an event, posttraumatic growth outcomes may ensue.

In summary, the data reveal informative relationships between individual characteristics, and post-event impact and adjustment. Personality is strongly related to wellbeing, with Extraversion showing a positive relationship, and Neuroticism/Emotionality a negative relationship. Further, Extraversion was related positively to the experience of acute stress responses following critical incidents, and acute stress responses were strongly related to Posttraumatic Growth outcomes. The data point to the possibility that some critical incident outcomes are predictable in certain personalities, and that informed pre-event planning and post-event intervention could create favourable opportunities for positive crisis outcomes.

3. Interface between the Individual and the Organisation:

Implications for Management and Intervention

The third research question addressed the interface between the individual and the organisation and the implications for intervention and management following critical incidents. The current research findings confirm expectations that collective
(organisational) as well as individual issues would be important to teachers when considering critical incident response and support mechanisms. The results suggest that teachers perceive their roles as extending beyond the immediacy of the classroom into the broader collectives encompassed by the school community. Negative cognitions were reported by 72.3% of participants, most frequently involving teachers’ concerns about the negative impact of the event on students or colleagues as well as their families. The data, therefore, point to a strong impact of this expansive role identification in the event of a critical incident in the school setting. Negative cognitions associated with personal identification with the victim or the circumstances of the event suggest that teachers’ personal experiences may be brought to bear in their responses to school based events. A certain personal vulnerability is evident, albeit in the professional context.

Results of both studies revealed a negative impact of the increased burden of additional or conflicting responsibilities in the aftermath of a critical incident. Further, professional resentment, cynicism, and impaired professional relationships arising from dissatisfaction with how the incident was managed raised serious concerns about an ongoing negative impact on a teacher’s relationship to and with the organisation. Dissatisfaction with school response to the event was expressed by 9.3% of the teachers, conveying perceptions that the school was ill-prepared to deal with the event, or that there was a lack of, or inadequate, ongoing support for staff or students. A negative impact on functioning reported by 20.8% of participants reflected the negative feelings and cognitions reported. Some teachers reported avoidance of the incident scene or related activities in order to ameliorate unpleasant memories or reminders of the critical event. This avoidance reflects the presence of characteristic trauma reactions, despite the relatively low-key traumatic character of events examined in the present research. In
all, these data point to profound implications for ongoing personal and professional satisfaction and stability and school cohesiveness.

A significant finding of this research was the degree to which disillusionment with authority was an outcome of the critical incidents studied. Although no previous empirical evidence of such a relationship could be found, several writers have suggested that poor management of workplace trauma can evoke extreme reactions, including diminished morale, communication, productivity, and individual health across the workforce (Braverman, 1992; Hart & Wearing, 1995; Jackson & Bates, 1997; Paton et al., 2002). The data revealed very strong and significant relationships among the acute stress responses of participants and the Wellness factors. The strongest relationships were between Disillusionment with Authority and each of the Wellness Factors (r ranging from -.39 to -.72). This strong effect was also reflected in the very strong negative relationships among Disillusionment with Authority, participants’ assessments of the effectiveness of the school response, and the impact of the event. Further, ratings of coping levels showed significant negative relationships with the effectiveness of the school response and Disillusionment with Authority. Interestingly, feelings of being overwhelmed were not related to any of the Wellness Factors, and the only factor related to sadness and depression was Personal Readiness. These results suggest that teachers may not hold school management accountable for the level of their feelings of sadness or depression, rather, attributing this to their personal readiness to deal with a critical event.

Two particularly potent school-related stress responses were identified among teachers in both studies: (a) a conflict between attending to their personal emotional reactions and needs, and their perceived need to contain these in order to exercise their professional responsibilities; and (b) anger, directed towards the school’s administration
when participants perceived the school’s response to be inadequate or inappropriate. Teachers referred frequently to a stressful dilemma facing them when their professional responsibilities required that they put their personal emotional needs on hold. The demands and expectations (self-imposed as well as externally generated by school management) of remaining “in control” in order to respond to students’ distress, of responding to temporary upheavals in the school program, as well as performing normal teaching responsibilities, can be overwhelming. This additional crisis-related pressure extended well beyond the initial response period. In fact, even when teachers were highly satisfied with the initial management of an event, the lack of medium to longer-term recognition of the ongoing stresses and demands was a source of great disillusionment. The costs to a school, in terms of an ensuing emotional and professional distancing of teachers from the life of the school, could be high. Teachers who reported this sense of distancing described a reduced confidence in school leadership personnel and a diminished interest in investing in the life of the school, beyond minimal expectations.

These findings confirm Everstine and Everstine’s (1993) suggestion of the importance of normalizing traumatic or stress responses, and promoting emotional self-care as being professionally intelligent and responsible. The potential negative consequences of not adequately attending to personal responses and organisational disruption were outlined earlier in this chapter (Braverman, 1992; Hart & Wearing, 1995; Jackson, 2001; Paton et al., 2002). Data point to the importance of teachers having adequate opportunity to attend to their personal responses in the midst of sometimes difficult and challenging professional demands. Data revealed that teachers resented the lack of acknowledgement from management of the challenge this tension this presented following the critical incidents (e.g., “There was very little support for me
from the school … I was on my own … I even had to use up my own sick leave when I found things too hard”). Further, results indicate that critical incident induced stresses may extend well beyond the limits of the immediate crisis. For example, some teachers detailed significant struggles with the demands of providing ongoing support to emotionally affected students. This difficulty was underpinned by their sense of inadequacy, believing that they lacked the specialist knowledge and skills required to be alert to, and respond to, the needs of at-risk students. These findings suggest that teachers’ capacity to deal appropriately with ensuing crises could be compromised by their perception of inadequate responses and support from school leadership. The information from the interviews also suggests that disillusionment with authority eroded teachers’ confidence in the schools’ administration and that their professional performance and levels of active commitment to their responsibilities and the life of the school were eroded as a consequence.

The negative consequences of teachers’ disillusionment with authority in the aftermath of a critical incident point to the potential value of nurturing the salutogenic concept of a collective orientation in the school setting. The value of a collective sense of unity and care was evidenced in the interview data (e.g., “They were there for us if you needed support … if things got on top of you there was always a staff member ready to go in and take over from you so you could have a break”; “We didn't always like each other but we always made a real effort to get on and look out for each other”; “I was touched by the number of students, as well as staff, who asked me how I was coping with it”). This collective orientation could enhance the sense of unity and level of morale on a school staff when a critical incident occurs. It would be manifest as a collective sense of confidence that whatever happened in the school community could be comprehended as structured, predictable and explicable, that the resources would be
available within the community, or available to it, to successfully address any challenges it met, and that it is worth investing effort and energy into meeting these challenges (e.g., “There was just a feeling that it was under control. You just had confidence – you knew things were being done. We followed the Critical Incident plan”; “What they did have in place worked and worked very, very well”).

Given that many of the incidents teachers referred to in their accounts would typically not be regarded as severe by school management, the impact on the teachers may remain unrecognised and consequently unaddressed. The present data highlight the relevance of individual perceptions of the degree of impact of the event on members of the school community, as opposed to determination of the seriousness of an event according to some arbitrary classification, as appears in many school Critical Incident Management Plans (Jackson, 2001; Said, 2001; Victoria Department of Education, 1997).

The issues that concern teachers in the event of a critical incident may include more objective organisational dimensions of the school, such as incident management processes. However, those that evoked the strongest impact arose out of teachers’ care for their students and colleagues, and their families, and out of their personal history of grief and loss. These findings highlight the potential role that critical incident intervention and management strategies may play in affirming and supporting teachers’ concern for their students and colleagues.

Notable are the moderate to strong, negative and significant correlations found among the two measures of Extraversion (EPI & PCI) and the Wellness Factors. These results underscore the possibility that extraverted people are more acutely attuned to the crisis environment. Interestingly, the relationships among the Wellness Factors and the individual measures of wellbeing and posttraumatic growth were contrary to
expectations. Moderate, negative and significant relationships were evident among the Wellness factors and Sense of Coherence and Psychological Wellbeing. Even stronger negative relationships were revealed among the Wellness Factors and Posttraumatic Growth. This result is consistent with ASD response findings relating to PTG, namely, that ASD responses are positively related to PTG, and negatively related to Wellness Factor ratings. Since low ratings on the Wellness Factors are related to high ASD responses, high Posttraumatic Growth ratings could be anticipated.

The strong negative relationships among pre-event wellbeing and Posttraumatic Growth, and the Wellness Factors raise an interesting proposition. It is possible that Sense of Coherence, Psychological Wellbeing and Posttraumatic Growth reflect dimensions of pre-event and post-crisis states that are more personal and distinct from the experience of the individual in relationship with the organisation. This position is supported by the interview data that revealed that whereas some teachers perceived that they had dealt well personally with the crisis and reported positive personal outcomes (e.g., increased appreciation of life, or improved relations with others), they experienced a marked loss of trust in the school system and diminished interest in, and willingness to invest in, the school. Even in the light of perceived positive personal outcomes, the interview data unearthed evidence of some deliberate personal and professional distancing of the individual from the school. This finding highlights the importance of establishing intervention and management strategies that can minimize apparent professional disengagement and enhance posttraumatic growth in the professional domain.

In summary, the interface between the individual and the organisation following critical incidents has a strong relationship with the adaptation of individual teachers and with their future approach to and relationship with the school as an organisation. In
particular, the impact of intervention and management strategies, especially in relation to the role of leadership, on individuals’ sense of connectedness with, and commitment to, the organisation, is strong. Further, individual crisis outcomes may include distinct personal and organisational mechanisms that follow different paths when critical incidents occur in schools.

Recommendations for the Management of Critical Incidents in Schools

The findings of this thesis raise important issues for the management of critical incidents in schools. Whereas the early development of school crisis management planning and intervention was guided by trauma intervention practice, particularly that of the emergency services, this research points to the importance of developing school-specific response strategies and mechanisms that are cognizant of the particular characteristics and needs of school communities. The current findings reveal that a wide range of events are regarded as critical incidents by teachers, and that commonly occurring events can evoke a strong and lasting impact on teachers, both personally and professionally. Two particular implications arise for schools. First, school critical incident management plans need to detail typical grief, stress and trauma responses and emphasise the importance of determining school crisis response mechanisms and interventions on the basis of the nature and strength of the perceived impact of an event on members of the school community, rather than determining responses according to any a priori list of potential critical events. Second, some critical incidents can affect only a small number of individuals yet have serious repercussions for those involved. Such events may not call for a large-scale mobilisation
of a critical incident intervention, however, the importance of responding appropriately to affected individuals should not be underestimated. Although an event that causes widespread disruption in the school community may warrant temporary, extensive adjustment of school programs and the implementation of systematic grief or trauma interventions, such smaller-scale events still require intervention for affected individuals, albeit on a more individual and personal level.

Effective critical incident interventions need to distinguish grief/stress responses from trauma responses amongst those affected in school community and to ensure that each response group is treated accordingly. In particular, care needs to be taken to ensure that the distress of those who are experiencing stress/grief responses is not exacerbated or contaminated by unnecessary and avoidable exposure to those who may be experiencing more typical traumatic stress responses. Further, those who are traumatised are likely to require more specialised interventions to ensure that traumatic effect is mitigated.

The present research points to the need to re-establish stability and normal functioning as soon as possible after a critical incident, whilst at the same time being alert to the needs of perhaps a small proportion of the affected community for ongoing acknowledgement, intervention and support. Teachers experience responses to disrupting and challenging critical incidents in schools in unique and individual ways and time frames, and their adjustment and recovery is equally unique. The activation of a school critical incident intervention requires an acknowledgement that any crisis is likely to have medium and longer-term impacts, as well as the more readily recognisable immediate impact and disruption. Ongoing review and assessment mechanisms, therefore, should be an integral part of any critical incident intervention.

This study highlights the importance of the collective, or organisational, dimension of teachers’ responses, coping and adjustment, and ultimate healing
following critical incidents. The dimensions of Sense of Coherence (SOC) and Psychological Wellbeing (PW) provide a useful organising framework for intervention approaches, and the five Wellness Factors (WF) point to individual and collective issues that have potential for facilitating and enhancing both pre-existing as well as new coping mechanisms after an incident. For example, comprehensibility (SOC) can be strengthened by ensuring that teachers have access to the information (WF) they need, positive relations with others (PW) can be enhanced by encouraging teachers to respond according to their individual need (WF), or manageability (SOC) can be enhanced by providing emotional and practical support (WF).

Critically, the present findings reveal the impact of school leaders on teachers’ perceptions of how well they were supported following a critical incident, their judgements of the relevance and effectiveness of the school response and intervention mechanisms, and their subsequent levels of confidence in, and investment in, the life of the school. In particular, the prevalence of disillusionment with authority as an outcome of a critical incident heralds the need for school leaders to be highly visible, active, and interactive with teachers, as they lead a crisis response. If school leaders are seen to acknowledge the impact and implications of any critical incident for teachers at a collective level, as well as individually, growth outcomes at both the individual and the collective level become possible. The Wellness Factors provide a useful guide, by alerting those responsible for interventions to provide, for example, ‘personal support’, ‘access to information’, opportunities for ‘active involvement’, and the validation of, and support for, opportunities to ‘respond according to individual need’.

Finally, this research has shown that teachers’ perceptions of the capacity and readiness of schools, and especially their leaders, to respond to the eventuality of a critical incident is of crucial importance to their coping and adjustment. Comprehensive
Critical Incident Management Plans need to be developed to meet the unique character and needs of school communities. Such plans should include guidelines for identifying situations, events and responses that warrant intervention, management strategies and policies that can be enacted rapidly and effectively, a comprehensive network of additional (from outside the school) professional support, and the education and training of members of the school community for the potential roles they may fill. Further, a policy that is founded on salutogenic principles may enhance the recovery and wellbeing of those affected by critical incidents.

**Methodological Considerations and Recommendations for Future Research**

**The Sample**

Participants in the first study of this research comprised teachers who volunteered to be involved following invitations extended to school staff by school principals. The study design was unable to provide any mechanism for ensuring that these invitations were presented and described in uniform ways, or that the volunteers formed a representative sample of the total teacher population in Catholic schools in Tasmania. The response rates varied significantly from school to school, which may be reflective of the manner in which the invitation to participate was extended, to whom it was extended, and the information conveyed about the study. However, several features of the sample are encouraging. Study 1 of this research incorporated a sizable sample (57%) of the total population of secondary teachers in Tasmanian Catholic schools. All schools participated in the study, and the schools represented a range of locality (urban & rural), gender (girls only, boys only & coeducational), and size (enrolments ranging from 95 to 1110).
The 30 participants for Study 2 were specifically invited by their school principals to contribute to that study. The sample was over-representative of teachers in management positions. Results, therefore, cannot be assumed to be representative of the population from which participants were drawn. However, the teachers who participated in this study represented the group most involved in the response process following the critical incident being studied. They were, therefore, in a good position to make informed and considered contributions to the study. Further, the Tasmanian Catholic school system represents a certain ethos, culture and structure which may have influenced some findings. Any generalisation of the study results to other school systems, and to teachers other than secondary teachers, should be considered. For example, the salutogenic model incorporates a number of concepts that are overtly spoken of and emphasised in Catholic schools (e.g., spirituality, meaning, the pastoral care of students and staff). Such emphases may have influenced the finding of this research. In other samples where less emphasis is placed on these values, salutogenic characteristics may not be as readily evident. This possibility could be investigated in future research looking at a range of school environments.

Also, there may differences in the stress responses of secondary school teachers, and in their levels of adaptation, compared to primary school teachers when their students are the victims of a critical incident, given that primary teachers’ contact with any given student is usually more concentrated and continuous. In addition, the Catholic system is small, and critical incident response processes are entirely the responsibility of each school. This contrasts with larger systems where critical incident response processes, including the provision of trained crisis response teams, are often system-driven.
Whilst the sample in Study 2 was relatively small (N=30), it was, all the same, large enough to examine quantitative findings with reasonable validity. Further, the interview process provided strong qualitative data. The semi-structured interviews facilitated the exploration of more personal responses to the event being examined, and allowed participants to raise concerns about the crisis management process and make recommendations for future management.

**The Critical Incidents of Study 2**

Care was taken to select incidents that evoked a similar level of impact on the affected school community in Study 2. However, the scope for any real uniformity of incident was obviously limited by the number of schools involved in the study and the nature of the events that arose in the period over which the research was conducted. None of the deaths studied involved the direct involvement of any of the participants, or indeed, of any member of the participating school communities. The findings, therefore, do not reflect the experiences of teachers whose experience of a critical incident may have been more typically traumatic in nature. Further, the persons who died in each of the incidents examined represented very differing ages, relationships to, and esteem in, the school community, roles in the school, and status and esteem in the wider community. However, these features of the incidents actually provide a more difficult test of the model. Moderately severe incidents and less powerfully affected participants could have clouded the relationships relevant to the impact of trauma. Yet, several strong findings emerged in relation to the nature and level of impact, coping, interrelations among the various measures examined, and responses to organisational dimensions of the response and recovery strategies and mechanisms. This implies that the factors identified are integral to traumatic incidents in a school context and might even be more apparent in more severe incidents.
The Study Instruments and Interviews

The study methodology relied largely on self-report and retrospective methods for gathering data. This method has intrinsic limitations in that participants were required to remember details and responses that they may have not considered for some time, or that they had not previously attempted to identify or articulate. Further, the self-ratings of responses would have been mediated by a large number of factors, including self-knowledge, honesty, expectation bias, memory, concurrent stressful experiences, previous stressful experiences, and relationships with key others who were the subject of elements of the study (e.g., the school principal). A strength of the self-report and retrospective method of the research, lay in the fact that the study questionnaires and the semi-structured interview focused on nominated events and facilitated recall of salient issues and responses. Such salient memories have been shown to be vivid and to reflect important personal issues in more general research on significant personal events (e.g., McAdams, 2001).

The Study 2 semi-structured interviews were conducted by two interviewers. They followed a previously agreed interview structure, which allowed for exploration of the intended themes, and the exploration of additional issues suggested by the participant. Further, the use of two interviewers provided opportunity for discussion and agreement on the analysis and interpretation of both the autobiographical data from Study 1 and the interview content from Study 2. This reduced any impact of bias in the qualitative findings due to any preconceived ideas of the person conducting the interviews.

Analysis of the data from the Study 1 questionnaire revealed a notable omission from the list of incidents provided in the section on individual school trauma history - no provision was made for the death by suicide of a student or colleague. Several
participants pointed out this omission. Clearly, deaths by suicide had occurred in a number of the schools, but this was not clearly provided for in the categories of events listed in the relevant section of the questionnaire.

**Recommendations for Further Research**

To date there has been little empirical investigations of the impact of critical incidents in schools on teachers. This thesis has raised some important questions that invite further research.

**The Grief and Trauma Connection**

This study has highlighted the need to further differentiate between grief, stress, and trauma responses for the purposes of intervention and support. In particular, observable differences (e.g., in the nature, character and intensity of distress, behaviours) need to be identified so that, in the immediate aftermath of a critical event, those people requiring support can be accurately observed and assessed, and provided with appropriate support. The importance of this distinction cannot be underestimated since, as the literature and this research have revealed, inappropriate interventions have the potential to do harm. In contrast, appropriate interventions can be salutary, facilitating adaptation, healing and, potentially, growth. Researchers and practitioners need to establish clear guidelines for correctly identifying individual responses to a given traumatic event. Such guidelines would then point to a range of intervention strategies that facilitate healing without risk of deepening the distress of those affected, or contaminating those minimally affected by unnecessary exposure to the experience of those more seriously affected.
Impact of Different Types of Critical Events

Further study could investigate a wider range of critical events, to include not only commonly occurring events such as those identified in this study, but also more extreme traumatic events. A delineation of impact, in terms of both the severity and the duration of impact, could be examined in relation to other mediating factors (e.g., previous critical incident history of the affected school community, or the nature and duration of management and intervention strategies). Further, the direction and stability of change in impact of an event can be explored. This study examined a specific sample and organisational setting (teachers & schools). Further research needs to be undertaken to examine the extent to which the current findings relate to other professional groups (e.g., emergency services personnel, health and mental health professionals, clergy, parents) and other organisations or collectives (such as sporting groups or families). Longitudinal studies of the impact of critical events on individuals and organisations would throw added light on the duration and nature of the impact of such events, including salutary as well negative outcomes.

Growth Outcomes Following Critical Events

Results of Study 2 raise issues for further research of growth outcomes from critical events. The salutogenic model emphasises the potential for salutary outcomes of negative experiences. The present research showed a significant positive relationship among severity of acute stress reactions and posttraumatic growth. However, the differential relationship between impact of an event and growth outcomes needs to be explored further. In particular, this research points to the examination of growth outcomes in relation to the nature of the event, degree and nature of exposure, severity of the event impact, pre-event personal factors (e.g., personality, mental health history, previous trauma history), pre-event organisational factors (e.g., organisational size or
morale, individual role/influence in the organisation), and the nature and duration of post-event intervention and support.

Results of Study 2 have implications for interventions that deal with the opposing trajectories of individual growth and organisational disillusionment following critical events. Whilst participants in the present research reported significant personal growth outcomes of a critical event, the evidence of organisational disillusionment, erosion of confidence in school leadership personnel, and withdrawal of personal investment in the life of the school warrants attention. In particular, future research could explore the precise nature of this negative organisational outcome and identify the mechanisms by which accommodation and readjustment following a critical event can enhance, rather than diminish, organisational comfort and fit.

**Development of Crisis Intervention Policies and Strategies**

The present research points to the need for comprehensive, flexible, salutogenic critical incident management practices. Future research can identify salient issues for organisations in the development of policies and interventions that are cognizant of current research on grief, stress and trauma response, are respectful of the unique needs of individuals and organisations, and which can facilitate and enhance healing and growth. Given the importance of individual and organisational readiness identified in this research, pre-event planning and education and training have the potential to contribute to salutary outcomes from distressing events.

In conclusion, this thesis has investigated factors which contribute to, and enhance or hinder, the coping and restorative processes of teachers following a critical incident. It examined the coping styles and strategies, and stress responses, of teachers, and school response mechanisms. In particular, it explored the relevance of a salutogenic model that emphasises the individual and collectives resources and
strategies that promote health and wellbeing. The results confirmed the general expectations that the presence of certain salutogenic factors in response processes may enhance the recovery and wellbeing of those affected by traumatic events, and suggested ways of addressing these in critical incident management planning and post-event response mechanisms and interventions in schools.
REFERENCES


APPENDIX A

STUDY 1 RESEARCH INSTRUMENT

CRITICAL INCIDENTS IN SCHOOLS – STUDY 1

Thank you for your interest in this study. The purpose of the study is to examine teachers’ responses to critical incidents in schools with a view to: (a) increasing understanding of the impact of critical incidents on teachers; and (b) assisting schools with the establishment of appropriate critical incident management plans, and improved support mechanisms for both staff and students following a critical incident. The results will form the basis for a doctoral dissertation for PhD studies with Swinburne University of Technology, and ultimately, for input back into schools.

There are two sections to this study. The Personal Profile section involves questionnaires, and should take approximately 5-10 minutes. A series of questions or statements require you to circle a number that best describes your response. There are no right or wrong answers, so your honest response is all that is required. There is no need to dwell on any particular item - your initial reaction is probably the best.

The Personal Experience section involves indicating the nature and extent of your personal experience of critical incidents in schools in which you have taught by: (a) ticking appropriate boxes; and (b) giving a short account of a critical incident you have experienced. As with the previous section, there are no right or wrong answers, so your honest response is all that is required. This section should take approximately 10 minutes.

Your participation in this study is entirely voluntary, and you are free to withdraw from the project at any time. Your responses will be confidential. If you require any further information please contact me on (03) xxxx xxxx or through my supervisor, Dr Glen Bates on (03) xxxx xxxx.

This research project will be enhanced by your participation. Thank you for taking part.

Colleen Jackson  
(PhD student)  

Dr Glen Bates  
Supervisor

☐ Yes, I voluntarily choose to participate in this study.

☐ No, I do not wish to participate in this study.

......................................................................................................................... (Signature)
**Self Evaluation Scale**

The following statements relate to descriptions of personal views of life. Each statement has six possible answers, with the numbers 1 and 6 being extreme ends of a continuum. Please circle the number which best expresses your answer. If you completely disagree with the statement, circle “1”. If you completely agree with the statement, circle “6”. If you think differently, circle the number which best expresses your response. Please circle only one response for each statement.

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Completely disagree</th>
<th>Completely agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I tend to be influenced by people with strong opinions.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>In general, I feel I am in charge of the situation in which I live.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I think it is important to have new experiences that challenge how you think about yourself and the world.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Maintaining close relationships has been difficult and frustrating for me.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I live life one day at a time and don’t really think about the future.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>When I look at the story of my life, I am pleased with how things have turned out.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I have confidence in my opinions, even if they are contrary to the general consensus.</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>The demands of everyday life often get me down.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>9</td>
<td>For me, life has been a continuous process of learning, changing, and growth.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>10</td>
<td>People would describe me as a giving person, willing to share my time with others.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>11</td>
<td>Some people wander aimlessly through life, but I am not one of them.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>12</td>
<td>I like most aspects of my personality.</td>
<td>1 2 3 4 5 6</td>
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<tr>
<td>13</td>
<td>I judge myself by what I think is important, not by the values of what others think is important.</td>
<td>1 2 3 4 5 6</td>
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<td>14</td>
<td>I am quite good at managing the many responsibilities of my daily life.</td>
<td>1 2 3 4 5 6</td>
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<td>15</td>
<td>I gave up trying to make changes or big improvements in my life a long time ago.</td>
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<tr>
<td>16</td>
<td>I have not experienced any warm or trusting relationships with others.</td>
<td>1</td>
<td>2</td>
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<tr>
<td>17</td>
<td>I sometimes feel as if I've done all there is to do in life.</td>
<td>1</td>
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<tr>
<td>18</td>
<td>In many ways, I feel disappointed about my achievements in life.</td>
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Orientation to Life Questionnaire

The following questions relate to various aspects of our lives. Each question has seven possible answers, with the numbers 1 and 7 being extreme ends of a continuum. Please circle the number which best expresses your answer. Please circle only one response for each statement.

1. Do you have the feeling that you don’t really care about what goes on around you?
   1. Very seldom or never
   2. 3. 4. 5. 6. 7. Very often

2. Has it happened in the past that you were surprised by the behaviour of people you thought you knew well?
   1. Never Happened
   2. 3. 4. 5. 6. 7. Always Happened

3. Has it happened that people whom you counted on disappointed you?
   1. Never Happened
   2. 3. 4. 5. 6. 7. Always Happened

4. Until now your life has had:
   1. No clear goals or purpose at all
   2. 3. 4. 5. 6. 7. Very clear goals and purpose

5. Do you have the feeling that you’re being treated unfairly?
   1. Very Often
   2. 3. 4. 5. 6. 7. Very seldom or never

6. Do you have the feeling that you are in an unfamiliar situation and don’t know what to do?
   1. Very often
   2. 3. 4. 5. 6. 7. Very seldom or never

7. Doing the things you do every day is:
   1. A source of deep pleasure and satisfaction
   2. 3. 4. 5. 6. 7. A source of pain and boredom
8. Do you have very mixed up feelings and ideas?
   1. 2. 3. 4. 5. 6. 7.
   Very often
   Very seldom or never

9. Does it happen that you have feelings inside you would rather not feel?
   1. 2. 3. 4. 5. 6. 7.
   Very often
   Very seldom or never

10. Many people, even those with a strong character, sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?
    1. 2. 3. 4. 5. 6. 7.
    Never
    Very often

11. When something has happened have you generally found that:
    1. 2. 3. 4. 5. 6. 7.
    You overestimated or underestimated its importance?
    You saw things in the right proportion

12. How often have you had the feeling that there is little meaning in the things you do in your daily life?
    1. 2. 3. 4. 5. 6. 7.
    Very often
    Very seldom or never

13. How often do you have the feeling that you’re not sure you can keep under control?
    1. 2. 3. 4. 5. 6. 7.
    Very often
    Very seldom or never
**Personality Style Questionnaire**

The following questions relate to various personality characteristics. Please circle Yes or No for each question, according to how you *generally* are, not according to what you think you should do. There are no right or wrong answers, so just indicate your honest response.

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<tbody>
<tr>
<td>1. Do you sometimes feel happy, sometimes depressed, without any apparent reason?</td>
<td>Yes</td>
<td>No</td>
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<td>2. Do you prefer action to planning for action?</td>
<td>Yes</td>
<td>No</td>
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<td>3. Do you have frequent ups and downs in mood, either with or without apparent cause?</td>
<td>Yes</td>
<td>No</td>
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<td>4. Are you happiest when you get involved in some project that calls for rapid action?</td>
<td>Yes</td>
<td>No</td>
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<td>5. Are you inclined to be moody?</td>
<td>Yes</td>
<td>No</td>
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<td>6. Does your mind often wander when you are trying to concentrate?</td>
<td>Yes</td>
<td>No</td>
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<td>7. Do you usually take the initiative in making new friends?</td>
<td>Yes</td>
<td>No</td>
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<td>8. Are you inclined to be quick and sure in your actions?</td>
<td>Yes</td>
<td>No</td>
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<td>9. Are you frequently “lost in thought” even when supposed to be taking part in a conversation?</td>
<td>Yes</td>
<td>No</td>
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<td>10. Would you rate yourself as a lively individual?</td>
<td>Yes</td>
<td>No</td>
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<td>11. Are you sometimes bubbling over with energy and sometimes very sluggish?</td>
<td>Yes</td>
<td>No</td>
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<td>12. Would you be very unhappy if you were prevented from making numerous social contacts?</td>
<td>Yes</td>
<td>No</td>
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1. Please indicate if any of the incidents listed below, have occurred in a school where you were a member of staff at the time. Write in the box the total number of such incidents you can recall eg □

(a) □ Death of a student or staff member by accident.
(b) □ Death of a student or staff member by violent crime.
(c) □ Death of a student or staff member by natural cause.
(d) □ Serious injury of a student or staff member by accident.
(e) □ Serious injury of a student or staff member by violent crime.
(f) □ Abduction or disappearance of a student or staff member.
(g) □ Threat of serious injury to a student or staff member.
(h) □ Threat of serious damage to school buildings/property eg by fire, flood, vandalism.
(i) □ Actual serious damage to school buildings/property eg by fire, flood, vandalism.

2. Please describe one critical incident that occurred while you were a member of staff (at your current school or any previous school), and which you regard as having affected you the most. Please indicate: the year the incident occurred, what happened, who was involved, your role, and how it affected you.

Please circle the number that best indicates the degree to which you were affected at the time, by the event you have described above.

1 2 3 4 5
Very Little Moderately Severely

How does that event affect you now?

1 2 3 4 5
Very Little Moderately Severely
Demographics

1. Age
☐ 20-29 years ☐ 30-39 years ☐ 40-49 years ☐ 50+ years

2. Sex
☐ Male ☐ Female

3. Total years teaching in current school
☐ 5 years or less ☐ 6-10 years ☐ 11-15 years
☐ 16-20 years ☐ 21+ years

4. Total years of teaching experience
☐ 5 years or less ☐ 6-10 years ☐ 11-15 years
☐ 16-20 years ☐ 21+ years

5. Current roles held
☐ Teacher ☐ Counselling/Welfare ☐ Ancillary
☐ Tutor/Home teacher ☐ Year Level Coordinator ☐ Subject Coordinator
☐ Principal/Campus Leader ☐ Leadership/Management Team

6. Current school
☐ Co-educational ☐ Girls only ☐ Boys only
☐ Systemic ☐ Non-Systemic
☐ Years 7-12 ☐ Years 7-10 ☐ Years 11-12
☐ Southern Region ☐ Northern Region ☐ North Western Region

In order to complete this project, some participants in this study will be needed, at a later date, for a second, follow-up study. If you are prepared to make yourself available for the next study, please indicate below. Please indicate below, also, if you wish to receive a copy of the findings of this study when it is complete.

☐ Yes, I am prepared to consider participating in a follow-up study.
☐ Yes, I wish to receive a copy of the findings of the completed study.

Name ..................................................

School ..............................................................

This is the end of the questionnaire. Thank you for your time!
Please seal this questionnaire in the envelope provided and either post it, or return it to the
designated contact person in your school.
APPENDIX B

STUDY 1 BIOGRAPHICAL ACCOUNTS: CODING MANUAL

Category Definitions

Data from the Biographical Accounts was content analysed. The first stage of analysis involved classifying idea units across participants to identify themes within the accounts. Four distinct response categories were identified: feelings, negative cognitions; positive cognitions; and functioning.

The second stage of analysis involved identifying idea units within each of the above response categories. Distinct response categories were identified as follows:

Feelings:
1. Distress
   This category includes emotional responses associated with stress, sadness, loss, depression, or loneliness.
2. Anger/guilt
   This category includes emotional responses associated with the circumstances of the event, the way in which the participant responded or failed to respond, or the way in which the event was managed was managed by a third party eg the school, emergency responders, other parties involved in the event. They included anger, resentment, anger or regret.
3. Shock
   This category includes emotional responses associated with hearing the news, witnessing the event or subsequent injuries/outcomes, recalling very recent interactions with the victim, or reflecting on the person involved. They include shock, disbelief, or numbness.
4. Fear
   This category includes emotional responses associated with personal involvement in the event, or subsequent outcomes of the event, and included fear, threat, or anxiety.
5. Helplessness
   This category includes emotional responses associated with a sense of inadequacy or impotency at the time of the event, or in dealing the impact on students or colleagues.
6. Intrusion
   This category includes emotional responses associated with recollections of the event or its aftermath, or with negative prior interactions and included intrusion or recurring unpleasant memories.

Negative Cognitions:
1. Perceived responsibility
   This category includes negative cognitions associated with a perception of personal neglect, omission, negligence, or inadequacy of personal response to the event or in the aftermath of the event.
2. Burden of Care
   This category includes negative cognitions associated with a perception of the burden of personal/professional responsibility for those involved, including an
awareness of responsibility as teacher/carer/colleague, or concern for welfare of students, colleagues.
3. Sense of injustice
This category includes negative cognitions associated with a perception that some injustice or unfairness has occurred, or that there has been an unnecessary waste of life and or potential.
4. Dissatisfaction with school response
This category includes negative cognitions associated with a perception that the school, or individuals within it did not respond in an appropriate or caring manner.
5. Identification
This category includes negative cognitions associated with personal identification with the victim or the circumstances of the event.
6. Threat
This category includes negative cognitions associated with a sense of danger or threat to self or others at the time of the event.

Positive Cognitions:
1. Contribution Satisfaction
This category includes positive cognitions associated with a sense of satisfaction with personal role or contribution at the time of the event or in the time after. Where personal role was described without any suggestion of negative attribution, the description of role was judged to be a positive evaluation.
2. Re-evaluation of personal values
This category includes positive cognitions associated with reflections on the meaning of the event for the individual’s life or approach to others, including students and family.
3. Satisfaction with school management
This category includes positive cognitions associated with a perception that the school, or individuals within it responded in an appropriate or caring manner, either at the time or in the time following.
4. Sense of community
This category includes positive cognitions associated with a heightened sense of connection, togetherness or community in the time following the event.
5. Helpfulness of preparation
This category includes positive cognitions associated with a judgement that prior personal or professional development had positively enhanced the participant’s capacity to respond.

Functioning
1. Avoidance
This category includes a negative impact on functioning associated with a subsequent avoidance of the scene of the incident or of related activities, or a more serious choice, soon after the event, to leave the school altogether.
2. Overload
This category includes a negative impact on functioning associated with extra or conflicting responsibilities.
3. Impaired professional relations
This category includes a negative impact on functioning associated with impaired professional relations, including cynicism or resentment towards school, authorities or colleagues.
Each autobiographical account was coded for the presence of distinct response categories.

**Examples of Coding**

**Feelings**
1. Distress
   I was upset, naturally (012)
   The details which emerged from the last death I found particularly distressing as I suffer from asthma (010)
   It felt so sad and it was so unfair (017)

2. Anger/guilt
   I was angry for her (130)
   Later I was severely shaken and concerned about the seriousness or possible seriousness to the injured student. I felt I had been negligent (138)
   There was no opportunity given to us or the students to attend the funeral or grieve with the students at out school (143)

3. Shock
   The stitches on the faces of the girls were frightening (150)
   I was devasted to see him in a new light (128)
   Just watching a vigorous healthy person gradually succumb to a disease (130)

4. Fear
   I was devasted to see him in a new light and to feel in physical danger from him (128)
   ..... concern for safety of self and others (107)
   I was fearful for students, particularly my own child, and teachers I cared about (113)

5. Helplessness
   The effect at the time was a feeling of helplessness against the possible odds of things that could happen to such a vulnerable person in our case (009).
   I distanced myself from water activities because I felt unable to control situations on water (139)
   I felt quite inadequate and did not offer much support for our students (143)

6. Intrusion
   Episode closed but memory vivid (015)
   This affected me for years especially as I recalled the sinister way he had studied me when I was on duty only a week before the incident - something which at the time I had dismissed but which haunted me for ages (017)
   I was fearful for students, particularly my own child, and teachers I cared about. I still worry about it (113)

**Negative Cognitions:**
1. Perceived Responsibility
   I felt I had been negligent in turning away to check on other students (138)
   I felt quite inadequate and did not offer much support for our students (143)
Felt a little inadequate as I wanted to do more to help those affected. Worries me more
now as I still wonder what I could have done (213)

2. Burden of Care
He had no understanding of safety, either personal or from traffic (009)
I was severely shaken and concerned about the seriousness or possible seriousness to
the injured student (138)
Care for and concern for person on return from hospital (142)
Since then I have talked to students about the dangers of drinking and driving (150)

3. Sense of injustice
It felt so sad and it was so unfair (017)
I felt I had been very unjustly treated (247)
It seemed such a waste of humanity. I questioned my beliefs – how could this happen to
one so young and on the threshold of life (310)

4. Dissatisfaction with school response
Not dealt with at the school (104)
There was no opportunity given to us or the students to attend the funeral or grieve with
the students at out school (143)
The hardest thing I found was the way the school handled the situation. The lack of
support, counselling or consideration given (240)

5. Identification
The details which emerged from the last death I found particularly distressing as I suffer
from asthma (010)
The various services held created much sadness and re-generated or triggered memories
of the death of my mother-in-law two months earlier (153)
Death of a staff member of similar age and sex with children of similar age who were
friendly (208)

6. Threat
This affected me for years especially as I recalled the sinister way he had studied me
when I was on duty only a week before the incident (017)
I was fearful for students, particularly my own child, and teachers I cared about (113)
I had taught the student in the previous year and had had no problems so was devastated
to see him in a new light and to feel in physical danger from him (128)

Positive Cognitions:
1. Contribution Satisfaction
We eventually found him wandering along the highway half undressed (009)
In my class I explained to the children that she had been ill and now was suffering no
more (012)
Gave instruction to contact ambulance. Tried to remember first aid. Spoke with parent.
Informed principal and student counsellor. Visited student in hospital (015)

2. Re-evaluation of personal values
It made me evaluate some aims and choices in my life (020)
It just brought home ‘we know not the hour’ (118)
Since then I have talked to students about the dangers of drinking and driving. It’s better
to walk and be late than be dead on time! (150)

3. Satisfaction with school management
The outcome, in terms of staff and student response was positive and the process and
actions by the LT were appreciated (254)
It was very helpful to have the management plan and support (304)
The session involved the debriefing of those involved in the incident and the girl’s
closest friends. The CISM team were present (613)

4. Sense of community
It drew staff, parents and students together in a way to cope with the situation within the
community. After the initial shock everyone became much closer (111)
Was not difficult to care for the class at the same time because we shared our grief
experience (304)
Whole school affected as a small community and this student attended school almost
every day until her death (405)

5. Helpfulness of preparation
I had done the Rainbows course so found that helpful (020)
I had done grief counselling course (542)

**Functioning:**

1. Avoidance
After many threats of violence I had to leave the school because of stress (138)
I distanced myself from water activities because I felt unable to control situations on
water (139)
I was on contract and wouldn’t go back there now if asked (258)

2. Overload
I had to cover for her in class because she continued working as long as she could (130)
I was required to support several of his closest friends during this time (we had no
counsellor) (157)
I found I had to call on inner strengths to work with staff, students and parents who had
been numbed by these experiences as well as return to a position I had said goodbye to
(241)

3. Impaired professional relations
A principal terminated my services after having established a library and in a very
uncaring and off-hand manner gave me notice. I felt I had been very unjustly treated
(247)
Discomfort as I had to maintain a working relationship with the male member during
the situation (316)
Very resentful that only men asked to search campus for possible bomb – they were put
at risk – no women were (410)
APPENDIX C

STUDY 2 RESEARCH INSTRUMENT

CRITICAL INCIDENTS IN SCHOOLS: STUDY 2

Thank you for your willingness to contribute to this study.

The purpose of the study is to examine teachers’ responses to critical incidents in schools with a view to:
(a) increasing understanding of the impact of critical incidents on teachers; and
(b) assisting schools with the establishment of appropriate critical incident management plans, and improved support mechanisms for both staff and students following a critical incident.

The results of the study will form the basis for a doctoral dissertation for PhD studies with Swinburne University of Technology, and ultimately, for input back into schools.

There are two sections to this study,
A short questionnaire which will take approximately 10-15 minutes to complete. There are no right or wrong answers, so your honest response is all that is required. There is no need to dwell on any particular item - your initial reaction is probably the best.
An interview which will take 30-40 minutes. During the interview you will be invited to share your personal impressions of the impact of, and response to, a critical incident in your school. Again, there are no right or wrong answers - your honest response is all that is required.

Your participation in this study is entirely voluntary, and you are free to withdraw from the project at any time. Your responses will be entirely confidential.

If you require any further information please contact me on (03) 6211 7533 or through my supervisor, Dr Glen Bates on (03) 9214 8100.

This research project will be enhanced by your participation. Thank you for taking part.

Colleen Jackson
(PhD student)

Dr Glen Bates
(Supervisor)

☐ Yes, I voluntarily choose to participate in this study.

☐ No, I do not wish to participate in this study.

................................................................. (Signature)
Posttraumatic Growth Inventory
© Tedeschi, R. & Calhoun, L. Posttraumatic Growth Inventory

Please respond to each item with a nominated event in mind e.g. the death or serious injury of a family member or friend, the death of a student, an accident, a fire at home/school .......
For each statement below, please circle the number that best describes your experience. There are no right or wrong answers.

Event: ...............................................

As a result of the event nominated I experienced change in this aspect of my life:

0 = Not at all  
1 = To a very small degree  
2 = To a small degree  
3 = To a moderate degree  
4 = To a great degree  
5 = To a very great degree

1. My priorities about what is important.  
2. An appreciation for the value of my own life.  
3. I developed new interests.  
5. A better understanding of spiritual matters.  
6. Knowing that I can count on people in times of trouble.  
7. I established a new path for my life.  
8. A sense of closeness with others.  
9. A willingness to express my emotions.  
10. Knowing that I can handle difficulties.  
11. I’m able to do better things with my life.  
12. Being able to accept the way things work out.  
13. Appreciating each day.  
14. New opportunities are available which wouldn’t have been otherwise.  
15. Having compassion for others.  
16. Putting effort into my relationships.  
17. I’m more likely to try to change things that need changing.  
18. I have a stronger religious faith.  
19. I discovered that I’m stronger than I thought I was.  
20. I learned a great deal about how wonderful people are.  
21. I accept that I need others.
Personal Characteristic Inventory

Below is a list of personal characteristics. Please look at each one in turn, and indicate by circling a number from 1 to 7 the extent to which you believe each is a characteristic of you generally, where:
1 = never or almost never a characteristic of me
2 = rarely a characteristic of me
3 = seldom a characteristic of me
4 = sometimes a characteristic of me
5 = often a characteristic of me
6 = usually a characteristic of me
7 = always or almost always a characteristic of me

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<th>Being calm</th>
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<th>6</th>
<th>7</th>
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<td>2</td>
<td>Being creative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Being silent</td>
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Stressful Life Experiences Screening – Short Form

www.dartmouth.edu/~bstatmm/index.htm

We are interested in learning about your experiences. Below is a list of experiences that some people have found stressful. Please fill in the number that best represents how much the following statements describe your experiences. If you are not sure of your answer, just give us your best guess.

Describes your Experience (use in ‘Describes Experiences’ Column)

<table>
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<th>I did not experience</th>
<th>a little like my experiences</th>
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<td>Describe your Experience</td>
<td>I have witnessed or experienced a natural disaster; like a hurricane or earthquake.</td>
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<td>I have witnessed or experienced a human made disaster like a plane crash or industrial disaster.</td>
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<td>I have witnessed or experienced a serious accident or injury.</td>
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<td>I have witnessed or experience a chemical or radiation exposure happening to me, a close friend, or a family member.</td>
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<td></td>
<td>I have witnessed or experienced a life threatening illness happening to me, a close friend or a family member</td>
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<td>I have witnessed or experienced the death of my spouse or child.</td>
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<td>I have witnessed or experienced the death of a close friend or family member (other than my spouse or child).</td>
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<td>I or a close friend or family member has been kidnapped or taken hostage.</td>
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<td></td>
<td>I or a close friend or family member has been the victim of a terrorist attack or torture.</td>
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<td>I have been involved in combat or a war or lived in a war affected area.</td>
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<td>I have seen or handled dead bodies other than at a funeral.</td>
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<td>I have felt responsible for the serious injury or death of another person.</td>
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<td>I have witnessed or been attacked with a weapon other than in combat or family setting</td>
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<td>As a child/teen I was hit, spanked, choked or pushed hard enough to cause injury</td>
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<td>As an adult, I was hit, choked or pushed hard enough to cause injury</td>
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<td>As an adult or child, I have witnessed someone else being choked, hit, spanked, or pushed hard enough to cause injury</td>
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<td>As a child/teen I was forced to have unwanted sexual contact.</td>
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<td>As an adult I was forced to have unwanted sexual contact.</td>
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<td>As a child or adult I have witnessed someone else being forced to have unwanted sexual contact</td>
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<td>I have witnessed or experienced an extremely stressful event not already mentioned. Please Explain:</td>
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APPENDIX D

STUDY 2 SEMI-STRUCTURED INTERVIEW SCHEDULE

Section 1: Introduction and Demographics

Introduction

- purpose: to explore, in relation to a nominated critical incident, (in this case, the death of the College Principal, John Hoye), teachers’ stress responses, coping strategies, and perceptions school management processes.
- schedule of questions to explore the issues
- no right or wrong answers
- importance of personal response - want to know about you
- anonymity of responses – recorded as a number, confidentiality
- audio-taping of interview – to gather data

Demographics

1. Name: __________________________ Number: _____ (same as for Study 1)
6. Roles of responsibility: ____________________________________________

(cf Study 1 questionnaire – did they complete it? If not, need to do so.)

Section 2: Teachers’ Stress Responses Critical Incident

1. Describe the nominated critical incident:

   - details - what, when, duration, who, own role, how ‘public’?

2. How did you react at the time? - thoughts, physical, emotional, behavioural

Scale 1 (lowest) -9 (highest): Impact at the time: personally ___ ;

   professionally ___

Impact now: personally ___ ; professionally ___

3. How does this event compare with any other stressful events you have experienced?
Check for evidence of symptoms of Acute Stress Disorder (at the time of the event or in the weeks immediately following): (Scale of 1-9)

1. ___ Re-experiencing – eg images of the crash, of John, of distress at school ……
2. ___ Avoidance - thoughts, feelings, activities, people, situations, or
   ___ Numbing - recall, detachment, affect, foreshortened future
3. ___ Increased arousal - sleep, irritability, reduced concentration, hypervigilence, inc
   startle response, physiologic reactivity
4. ___ Social functioning:
5. ___ Occupational functioning
6. ___ Guilt - omission / commission, survivor
7. ___ Disillusionment with authority
8. ___ Hopelessness
9. ___ Memory impairment, forgetfulness
10. ___ Sadness , depression
11. ___ Overwhelmed

Section 3: Coping Strategies and Mechanisms

Coping

1. How well do you consider you coped? (Scale 1-9): At the time: ___ ; after: ___ .
2. What helped/assisted? - personal, interpersonal, at school, outside support?
3. What hindered - personal, interpersonal, organisational?

School Response Mechanisms

1. What do you recall of the response made by the school?
   - what did they do - specific support mechanisms, informal support?
   - level of uptake - you, others?
   - who did it?
   - how relevant/appropriate was the response to your needs? Scale 1-9: ___
2. Check for awareness of Wellness factors (Scale 1-9):
   a. Emotional and practical support: personal ___, organisational ___
   b. Active involvement: personal ___, organisational ___
   c. Responding according to individual need: personal ___, organisational ___
   d. Access to information: personal ___, organisational ___
   e. Readiness: personal ___, organisational ___ subsequent readiness ___
   f. Leadership: personal ___, organisational ___.

Perceived Capacity to Assist

1. How do you regard your capability/willingness/preparedness to assist
grieving/traumatised students/families/colleagues? Scale of 1 to 9: ___.
2. What opportunities have you had for education/professional development in the area
of grief/trauma management?

Wish List

1. What issues need addressing?

2. If you had a wish list regarding the management of Critical Incidents in schools, what
would be on it?

Conclusion

Inform:

- summary of findings will be forwarded
- availability of counselling and support if required
APPENDIX E

STUDY 2 SEMI-STRUCTURED INTERVIEWS:
SAMPLE QUOTATIONS

Stress Responses

-Reexperiencing-
“I still go over that meeting.”

“The overwhelming grief was probably the hardest thing I’ve ever seen. The raw grief – I still see bits and pieces of that.”

“It still intrudes – like last night. I was sitting in my lounge room and two cars went up the street pulling something like 140kmp.”

“I often see someone and think ’that’s him’”; “A friend of mine committed suicide a number of years ago and it brings all that back.”

“You think you’ve got over it, but even last night … yes it all comes back.”

“For the first year it all played through again.”

-Avoidance/Numbness/Shock-
“It was easier just to remain numb and kind of block it out and get on with dealing with these kids.”

“I knew there were certain staff members who were quite demonstrative in their feeling that I tended to steer away from them … all the people who wanted to talk about it all the time.”

“I was really proud of the way I responded. I felt like I could distance myself from it and be in control and not take it in personally. I think the benefit was the fact that I could think clearly in organising things … it was very efficient.”

“I blocked out from how I felt about it, because it was almost just too much to deal with.”

“I’m the sort of person who bottles things up or tries to keep them inside rather than being a sharer.”

“Just to block it out of my mind and to get on, was the best way I felt I could cope with it.”

“I’ve just pushed it all away.”
“I felt the emotions all right but I just chose not to act upon them.”

“Everyone just closed up and we didn't talk in the staff room. Everyone was just trying to deal with it and there was just nothing, there was just nowhere to go.”

“I am supposed to go out and see his wife, but I have never - I haven't been able to bring myself to do it.”

“I was stunned. I really was stunned. Nothing like this has ever happened to us before. He was a very well respected man, you know, he was really admired by everybody and it just came as a complete shock.”

“I was really shocked … because he was so young.”

“Disbelief, it can’t be, and then distress. I had lost my husband four years earlier.”

“I wasn't really emotional over it. I had a sense of being really flattened - like a numb sort of feeling.”

“In a way it was all a bit surreal … like in a Monty Python kind of way because it was dark when he broke the news and the way he said it. At first it was bizarre. It's only really, by the time I actually got to school, that the seriousness and the reality of it hit home, when you sort of walked into the staff room and saw everybody there it became very, very real.”

“I was just absolutely stunned. We came into a group where everybody is stunned and then you’ve got all the students who just can’t believe it as well.”

“It was disbelief … in actual fact it took the better part of last year … he had a very particular way of walking or standing … you wouldn't mistake him for anyone else. And you would often see someone and think ‘that's him’.”

“I distanced myself to watch other people’s reactions, especially (his wife). I can remember sitting in her living room and I couldn’t respond to her. I was seeing her grief and the things she was saying and I was wondering what my reactions would be in a similar situation. So it became very, very personal in that regard.”

“I distinctly remember being at the phone … and the sense of disbelief … and what do I have to do now?”

“Less than 2 hours after I’d been talking to him he was dead. I would have been the last person at school to have spoken to him.”

“I don’t think I gave myself any consideration. I felt really detached from it.”

**Arousal: Sleeplessness/Fatigue/Irritability**

“I haven’t slept well.”

“I’d wake up and I'd have to get up and do something … read or watch television or something to distract myself … I really noticed it.”
“(My partner) has indicated that I’m not myself – that I’m irritable.”

“I’m jumpy … especially when I hear screeches.”

“I think I was alright at the time. I felt I had the energy and I could do it and I just kept going. So I think I went on that energy and I just used it all up.”

“You would get to the stage where you just would feel so drained, just completely drained.”

“After a week of it strains were starting to show. You do accept that people respond differently however it was beginning to be a bit of a strain ….. the same people seemed to be upset all the time and going to the counsellors and people starting to think well, I am upset, I am trying to cope with it in my own way and now I am getting a supervision class.”

“I found I became a bit short and felt that you are playing on someone's emotions here because I know that kid over there is really upset because they have just lost their grandparents and they are associating that loss with John's loss and you are playing on that. You are making a mockery - just trying to get out of it - crocodile tears.”

“The worst thing I found was that I wasn't terribly upset myself, but because of being faced with people who were, I found that very draining, very emotionally exhausting just being around them.”

**Impaired Social Functioning**

“I avoid some people … I think I had a different relationship with X at that time which is not present now.”

“I think we (the staff) sort of tended to cling together … we didn't really spend time with other people … if we went for a drink it was with people in the school.”

“I avoid friends. I don’t make occasions to go and see friends. I stay away.”

“I didn't want to associate with the staff because I didn't know how to deal with it. And outside, I just didn't go out for a while.”

“I did find all last year … any sort of sort of function I would just think what's the point, you know, why are we mucking around like this.”

“My inclination to socialise has diminished this year.”

“It happened a few times where I'd be out socially and somebody who is not connected with the school would say ‘I heard it was because of this, that and something else’. And you'd say, ‘listen, we're out having dinner and having a nice glass of wine, do we really have to talk about that, you know, I have to deal with it every day’.”

**Impaired Occupational Functioning**

“I don’t think I’m functioning well (at work) at all. I functioned much more efficiently before the accident.”
“Whenever I hear now about suicide attempts or thinking of the suicide, I know I can feel myself tensing inside. I know there's a residual fear. I hope that nothing like this happens again.”

“(The student) was severely depressed … he was threatening suicide himself. That has been the main thing about dealing with (this suicide), it's just not being able to get on.”

“I think the ongoing affect that it had on some of the students ... I found it difficult to deal with it because I was being confronted with the consequences of it every day ... so you could never kind of pack it away.”

“I think the ongoing affect that it had on some of the students ... I found it difficult to deal with it because I was being confronted with the consequences of it every day ... so you could never kind of pack it away ... I had this kid every morning and every afternoon ... and I was watching him the whole time.”

“You find yourself not having a lot of time to try and deal with it yourself because you're watching this kid.”

“I didn't want to overly contribute, because of the mixture of emotions that I was feeling.”

“My capacity to work was pretty well diminished. I became so ineffectual that I was spending hours and hours at night with a pile of marking just staring. And I’m finding again this year, I just don't have the concentration and sticking power.”

“I just felt like I was drowning, for probably a term with the kids ... I didn't have the strength to yell and scream and take control and just sort of bumbled along the place waiting for someone to say 'you’re not coping, there's the door’.”

“I lost the flow of the whole thing for a while ... the paperwork side of things, the bookkeeping, the record-keeping, all of that just fell by the wayside.”

“In class you just hung in there. Professionally it was a high impact ... you just didn't do anything.”

**Guilt: Commission/Omission**

“I kept going home and saying, ‘I should have done this and I should have done that’. There is guilt related to me not standing up for me and the others.”

“You desperately hoped that there wasn't something you missed ... wishing that he had come to me and talked to me. I went through a particularly down-time whilst I was at this school and a number of colleagues recognised that and went out of their way to help me. I felt a sort of guilt that I'd been helped and he hadn't.”

“I blamed myself for not pushing him further. Why didn't I ring the ambulance?”

“I certainly had feelings of guilt ... a couple of times he had approached me in the weeks previous - and a couple of times I felt like I really fobbed him off.”
“I suppose it's a delayed guilt in terms of how can you be so blind as to not pick up on those sorts of things ... he was trying to flog off a perfectly good computer to me. Why did I just blindly accept?”

“What really scared me was that I didn't know that she was at risk. I'd had personal involvement with her and I'd met with her basically fortnightly. She was a moody kid and a passionate kid and a very interesting young woman. But the possibility of self harm, suicide, I’d never seen it. I've no commission but omission ... I felt that I hadn't picked it up.”

“I don't think I asked the right questions. I don't think I looked in the right places. Its pretty close to the bone this stuff in terms of the way I see things, the way I relate to everybody, so that's my biggest concern - what I didn't do.”

**Disillusionment with Authority**

“I felt very strongly that there wasn't enough done (for the staff) ... that's why I'm so disillusioned with the leadership.”

“The way it was dealt with was the hardest thing to cope with and I'm still very angry.”

“There was no official recognition ... there was no ‘Are you okay dealing with this boy’.”

“The Principal never asked a question at all. It was never an issue for them. I was never an issue for them. It was other ordinary folk who were a great support for me personally. So the leadership is a great disappointment in that respect.”

“The last statement that was made was, ‘And of course your results will still be due in on Monday morning.’ I just couldn't stay and I couldn't talk to anyone, I was just so angry.”

“It's made me harder. I feel that I'm harder and I don't accept things as easily now, that come from the leadership. I'm afraid I lost a bit of respect for a lot of them.”

“Now, if I feel there's an injustice done I stand up and think ‘you don’t know everything’.”

“What (leadership) lacked was recognition of the grief that was within the staff.”

“The biggest hindrance was not being able to talk to the people in the leadership ... not being able to make them understand what we were going through.”

“I still feel in some ways let down by leadership.”

“It was the hierarchy that let us down.”

“A feeling of abandonment was fairly strong from outside (the immediate school community).”
“Probably nothing was ever resolved, no one ever came and said, ‘We've made a mistake. We should have recognised your needs.’ Nothing's ever been said or done to heal us.”

“That meeting should have been a time not where a leadership team just stood up and told us what was going to happen … it should have been a time that we shared and grieved for him, even for a short time … and they should have been asking what we needed first.”

“You put so much emotional energy into it. But you don’t get any thanks at the end of the day.”

“The biggest hindrance was not being able to talk to the people in the leadership, was not being able to make them understand what we were going through.”

“Even though we talk about it, it hasn't come from the leadership. We need to be able to say "We were wronged - we all feel wronged". I think that has to happen before it will be resolved.”

“The school was the hindrance because of its lack of sensitivity to people's needs … it was dealt with so clinically.”

“There was a good, healthy immediate response … and then, no kind of follow-up.”

“It would just take somebody to ask, ‘are you all right?’”

**Hopelessness**

“Professionally I think I’m a different person now than I was. I think it that I see a sense of futility in what I do and that I’ve lost my enthusiasm, my desire, my confidence. I’m really very aware, I think, of my inadequacies. That’s why I decided to resign.”

“I go up to the graveyard and I just think four wasted lives – and will the young people here learn?”

“I suppose it's made me less accepting of what's done in schools and I question more of what we're doing with each other (staff), not just the care of the students.”

“Life is so fragile … one minute he was here and the next minute he’s gone completely ….. our own lives are just as fragile.”

“I just feel so inadequate.”

“If I had an option, if we didn't have a mortgage and everything else I would've resigned then.”

“That’s the part I feel regret about that you can’t actually tap into every kid so that they make wise choices. You can’t make their choices for them I know. But why can’t they make better choices? Where do we fail along the way?”
“The thing that played on my mind was not so much the deaths and the people left behind, their families and so forth, but who's next. I just kept thinking someone else is going to die.”

**Impaired Memory/Concentration**
“I don't seem to have much long-term memory these days.”

**Sadness:**
“I was very flat, very tired ..... just a heavy heart ... a sense of loss, a sense of disbelief.”

“For the first year it all played through again. I’ve sort of gone beyond the anger thing now .... now I just feel hollow, flat.”

“I say it was probably through her being upset that made me upset.”

“I think we’ve just become very low-key – mourning I think.”

**Overwhelmed**
“I still think back on coming home to the total sense of exhaustion every day.”

“It was much harder the second time ...... a bit like using a wet towel to mop up something the second time, it doesn't really work and things sort of leak out.”

“I think that I’ve got a long way to go – at the moment I’m really lost.”

“I felt okay before I went in the classroom but as soon as I started to say some things, I started to break down myself so I then had to leave and someone else had to take over from me.”

“The overwhelming grief was probably the hardest thing I’ve ever seen ... the raw grief.”

“Something that I did find difficult, a couple of times different staff members were asked to go over to (where the crisis support room) was set up and I found that extremely difficult. I found that too difficult to cope with.”

“On top of all of these other things it was just like ‘What else can happen? What else can happen around here?’ You know ‘Enough!’”

“The more times you are hit by this sort of thing, the more vulnerable you are.”

“I haven't dealt with any one of those deaths ... because after each one it just felt too big ... there's just no time.”

“The trauma wasn't just a case of dealing with his death, it was the extended stuff afterwards.”
**Anger**

“What they were saying was great for the kids … and I can remember thinking ‘But what about us, there's nothing been said for us. How do we deal with it - what do we do?’”

“Thinking about suicide … I went through stages of feeling shock, then feeling anger - I just felt really angry at him for doing it and then felt very sorry.”

“You can get pretty annoyed with people because they trivialise it a bit.”

“I still feel very dark about this – (their mother) knew that they’d died but she had the undertaking from the Police that the names would not be released until the Monday and there they were in the paper on the Sunday.”

“I'd wake up in the night just being angry.”

“I had anger towards him … I have been known on occasion last year particularly dealing with some of those kids, to think “Bugger you doing this” because of the impact that it had on other people.”

“My partner used to get it … he got a blast of it every time.”

“It used to be when I'd get home from school that I'd get really angry, and it wasn't even in the staffroom, which was the thing that was the problem.”

“I don't think about it but then something will happen that reminds me of them … And it's not that lovely memory of them that comes back, it's the anger that comes back and that’s sad.”

“The anger was because it was a suicide … there was a few kids who were really affected by it … it seemed these kids were getting back on track with their lives and he was a driving force for them and then all of a sudden he had just completely lost it.”

“It was ‘if I've got to get on with it why can't you?’ That might sound really selfish but that’s how I felt.”

“I felt anger mainly at him … ‘Why did you bloody do this? This is what you've done to these kids’.”

“I was really angry with him because I felt, ‘Look at the mess you've left behind’.”

“I had a huge anger. A couple of (the students) were suicidal. I spent a huge amount of my time chasing them and seeing that they were fine. You get angry with them … but I am not a counsellor.”

“I didn't cope very well because I think I was still very angry and I didn't let it come out.”

“It hasn't got much better because I'm still angry … you think that you've got over it but it comes back.”
Personal/Professional Conflict
“It was almost like you were sort of split - part of you is here and part of you is there.”

“There was a dissonance, a feeling like I was falsely detached from something that was really deeply upsetting.”

“I don't know how long we actually were in that meeting/briefing. Time is a very exquisite thing when it is an occasion like that. It came to a point where I had to sort of almost like snap out of my personal (agenda) and start to really focus on what we were doing, how we were going to tell the kids, and all that sort of stuff at school.”

“I suppressed my own personal responses in order to function professionally - I just switched me off.”

“Because I’m always organised, cool calm and collected – that’s the face – they don’t see when I really kick the doors or scream and cry.”

“I suppose I wanted to maintain this air of control and I know it sounds silly but I did not want to show any signs of emotions in front of the kids, especially not in a school assembly. I didn't trust myself.”

“That's probably one of the most amazing things that does come out of something like this is, the kids, I find in many ways seem to be stronger than we adults.”

“It's a bit like putting a lid on your own stuff to try and focus on what you've got to do with the kids.”

“You closed your own personal locker when you came into a classroom.”

“You find yourself not having a lot of time to try and deal with it yourself because you're watching (kids’ responses).”

“One of the things I find hard about this is the fact that there are things going on in your personal life at the same time as your professional life … and it's hard to know whether some of the things are specifically related to it.”

“You had the role of being supervising teacher but you also had the role of being a carer and where do you draw that line? “

Wellness Factors

Formal and Informal Support
“For me there was as much or as little (formal support) as I wanted or needed.”

“Had I been left on my own, that would have been a different story I tell you. I reckon I would have come crashing down.”

“Initially there was a good response, and it was good. Then after the first couple of weeks it's sort of like, well, you know, back to normal, sorry.”
“They had counsellors for those people who needed it - staff or students. X was great … she took a leading role in everything. Yeah, I mean, for those people that were grieving … there were certainly people for them … they could speak free.”

“(The counselling support for the students) was something that we didn't have to worry about, which was good because we were numb and shell-shocked. We wouldn't have known what to do. It was good to have someone say, ‘We'll look after him for you, you just get through the next couple of days.’ It was good to know things were really being looked after.”

“I think the kids felt the school did very well. They provided them with a lot of opportunity and they brought in lots of counsellors for staff and they reminded us not to make judgments.”

“They were there for us if you needed support. Not only for the kids … if things got on top of you there was always a staff member there ready to go in and take over from you so you could have a break.”

“It was very, very well organised. It really was. When I sort of sit back now and think about it. I had honestly expected the place would be pandemonium with everybody just learning about his death and you know - how the hell are we going to cope? It was all there. It was always laid on. Everything was all locked in place and just went along nice and smooth.”

“They certainly helped us go through it … the way that they organised everything … little things like tea and coffee on the go all the time. Making sure that your energy levels were kept up. Those type of things really stuck in my mind. Left nothing out. Everything was all prepared. It made things a lot easier.”

“One hindrance is that there are still people in our school community who are dealing with it in the old way – ‘don’t make a fuss, it’ll just go away, these kids are just carrying on, just tell them to get on with it’. Like ‘what’s she on about – this counselling stuff – they don’t need it – they didn’t know them – tell them to get on with it’. You know there was a bit of that kind of thing going on.”

“To have a group of professionals come in, I think is absolutely essential, to take pressure off the teaching staff who aren't capable really of dealing with that sort of situation.”

“What they were saying was great for the kids …. and I can remember thinking ‘But what about us, there's nothing been said for us. How do we deal with it - what do we do?’”

“(The students) were seeking leadership through the situation. But the counsellors weren't proactive enough … I felt that they were just letting it drift.”

“I think the school coped extremely well. The way that the school kept functioning, the way the classes were managed, the way that people were informed was good. I think the school actually did an excellent job.”
“There’s got to be some structure to it, otherwise people just don't get over it.”

“Bring likeminded people together to make sure there is a team for support, networking, sharing ideas, to deal with some sort of critical incident like we had here.”

“Grief counsellors … came in … and I thought, "Oh, this is good because this will help people talk," but they had it on a Tuesday afternoon after school so half of the staff had sport commitments on that night, others had personal commitments and nobody was available to go.”

“The school was the hindrance because of its lack of sensitivity to people's needs. There were people who were absolutely, really very distraught …. it was dealt with so clinically.”

“Everything was for the kids. I don't resent that but our comment was at the time, ‘But what about us?’”

“There was no follow-up … like having some kind of de-briefing at the end of the year for those of us who were dealing with those kids in particular. Some staff might have appreciated that opportunity.”

“It would just take somebody to say, are you all right.”

“There was an immediate response in terms of having people in the school and having counsellors and support people … there was a good, healthy immediate response … and then, because the focus really became the students, it was almost a feeling of being dropped like a hot brick.”

“You can approach another staff member and they’d probably turn round and say “go to buggery will you, I’ve got enough problems of my own”. But the counselling team just cut themselves off from that, and sat down and listened.”

“I did have a member of staff who phoned me and asked me was I okay and I really appreciated that.”

“All the staff was made aware that if anyone needed to go out or asked to go out or looked as if they needed to go out, they should be allowed to.”

“I thought it was probably good that there were people from outside of the community come in.”

“Some people find it a lot easier to communicate with people they do know so you need a bit of a mixture.”

“I think it was really good to just see a lot of people here who weren't direct members of staff here … you can see that they're not necessarily directly affected; you can see that they care about us.”

“I think the informal support was very good. It was the formal support wasn't that good.”
“A lot didn’t understand. I remember going to a principals’ meeting … you go there and people are talking about really mundane things and you think ‘I’m not even going to bother mentioning it’. Noone said ‘how are you going?’ or anything like that.”

“We just sat around the table and had a talk about it … it is really nice to be told some of the feelings you might experience ….. to be told it was normal … lots of affirmation and support.”

“I felt, we weren't offered anything. We had a counsellor for a time but it was never suggested that we utilise him - he was more for the students.”

“We didn't always like each other but we always made a real effort to get on and look out for each other.”

“I was touched by the number of students, as well as staff, who asked me how I was coping with it.”

“The staff really cared for one another. You know, you are not an island, you weren't left on your own and this went on for weeks and weeks afterwards. We looked after one another’s interest.”

“Everybody sort of banded together. Nobody was on their own. You weren't left on your own. If you thought things were getting on top of you, you would say something to somebody else and then they would just come in and take your class and you would just go and it was the same with the kids.”

“He was an enormous help. He just took me aside one day … He obviously recognised that I was struggling and he just chatted with me for five minutes. It wasn't a big deal. It was comforting to know that you didn't have to soldier on the whole time and if you felt like crumbling they did recognise when it was difficult for you. It was good to have a talk with him.”

“I think the counselling support was excellent. So I think that as far as how we handled the crisis … for our community, we did a great job.”

“I knew that had I wanted support it would have been quite readily available.”

**Active Involvement**

“As long as I’ve got something to do I’m OK.”

“I want to be the one that tells my class and talks to my class but I want someone there so that if I couldn’t cope there was someone who could step in. But there was nothing … we needed support people.”

“I would've liked to be able to do something and I couldn't do anything so I was a little powerless. There was nothing pro-active for me to do.”

“It was helpful to have done that talk …because it gave me a chance to really sit and look at the impact. It also gave me a chance to get angry at the (newspaper). I spent the
first 2 pages of my report directed at them and I showed their picture ..... it wasn’t lost on them. It was sort of cathartic.”

“We felt a bit ripped off that we couldn't do something special for him. It was just so low-key.”

“I wanted to be of assistance to - I was quite willing and would have gladly have done an extra yard duty. If they came in and said could you just mind my class for five minutes I would gladly have done that. I wanted to contribute to the day to day running .... I would rather that because there are lots of people who were willing to do things like the preparation for the memorial service and the counselling. I would be rather just pick up the phones.”

“It was good in that I was included. I was asked to do the flowers (for the funeral). I felt empowered.”

“You found your sanity in the normality of the every day, you know, wandering into class and just doing your job … just the regularity, the routine, dealing with things …. was probably just as important as anything else.”

“I felt at least I was being useful there, and was able to direct my thoughts on to something rather than to be sitting down by myself having to think about it, so, you know, I was keeping myself busy I guess.”

“Keeping busy … you go into class and work hard with the kids … during this time I would actually do a lot of chalk and talk work where I was doing stuff on the board …. where I was communicating.”

“I didn't have anything to do. I felt like I was removed, detached. My sources of information were sideways, made retrospective and after the fact. It probably would have been much healthier for me if I had been involved.”

**Responding According to Individual Need**

“I think my reaction was fairly low key, I guess, so it was really useful to have pointed out to us that there would be some people who will have very different reactions and they'll need to go and talk to somebody …. I think that's really useful because that would never have occurred to me.”

“I think I probably threw myself more into my work.”

“If you wanted to go and just sit under a tree, you felt like you could do that without anybody pressuring you, or wondering where you were. There was a great element of letting you cope in the way you needed to.”

“Because I’m always organised, cool calm and collected – that’s the face – they don’t see when I really kick the doors or scream and cry.”

“I think it was very significant and important that they did give us that element of freedom … they publicly said that there would be lots of different reactions to this …. it was really important that it was publicly said … it was really reiterated that people will
respond differently and we, as individuals, must let people deal with it in their own way.”

“There are times I value being alone. I like that solitude. But there are times when I need to be with other people.”

“The hardest thing was putting up with everyone else and enduring being around all these emotional people.”

“Now and again a couple of the counsellors would do their interview in the staff room and it made it very difficult when you have got someone sobbing down there talking to a counsellor and you are in your work bay trying to concentrate on your next maths lesson or just to relax and have a cup of coffee and there is someone crying.”

“I just felt that for the kids a lot of them are like, come on, let's move on and there are a few staff members who just seem to drag their feet but maybe that's the way that they coped … it was like we didn't want to let go.”

“I think just being with other people … we had the best wake … it was sad but it was also so cathartic, it was so good … all the staff … went to the local pub … the publican had dips and nibbles and things out for us. We all just were together, and I think that was enormously helpful.”

“Not everyone feels upset. I think that we were so conscious of reading the child that was out of control that we forgot about the kids that weren’t that affected.”

“I'm the sort of person who bottles things up or does try to keep them inside rather than being a sharer.”

“Having my kids to go and play a game with to keep my mind off it … that was a really good thing.”

“The school memorial was something quickly put together and I didn't want to go. I appreciated how there was no ‘why, let's sit down and talk about it’. I know the reason why I didn't want to go to it was because I was thinking of my grandfather.”

“I think it was the flexibility that was a good thing.”

“I am much more of a person that if I wanted to have a cry then I’d go in the car and I’d drive off somewhere or walk to the corner of the oval or something like that.”

Access to Information
“I wasn't at that initial meeting and I wasn't filled in so I didn't ever feel like I'd caught up.”

“Open communication – that was very good here. You were told every step of the way … ‘this is what the police found’ and so on. You didn’t feel like you were treated like one of the kids. Quite often you find that the kids have got more information than you and its quite hurtful.”
“I think it was handy having that statement that this was the official line … it was good because we sent away (students) who went home and said ‘this is the information’.”

“We gave (the media) information about what we were doing as a community so that just changed the focus. They really went with that. For the funerals we wrote a protocol for the day and they respected that. We weren’t sure if they would but … they were really good.”

“We just took the staff list and we divided it up and we all called people so the staff could be informed rather than hearing it on the news.”

“I think the way they got the information to the students and to the broader community was really well-handled, it was swift and it was non-speculative.”

“I wanted to find out what happened - the circumstances, what's happened and all that sort of thing.”

“He didn't make any effort (to contact me). I felt very distant in the whole process … I did feel that I was always one step behind.”

**Readiness**

“I think the school was quite well prepared … there was a recognition that we need to have something in place … so I think that when he died, the school was much better prepared in terms of dealing with it and making phone calls and working with the family and providing the counselling for the staff and the students.”

“She was fantastic. I knew implicitly that she was there and she was good and she could help. So at no time did I waste time wondering who I could go and see. You go straight to somebody you've already worked out can help.”

“I think what was helpful was having a plan of ‘what do we do?’ … We’ve been through it, we’ve talked about it, we set up a critical incident team, and suddenly we were in it.”

“I thought we were prepared for it. I think organisationally we handled it really well.”

“I think the school is very conscious that it is seen to be doing the right things and these people have steps to follow and they were really tested and it came out very well.”

“None of the leadership team goes anywhere without a full list of staff addresses and phone numbers now.”

“I think it was important they decided to get outside help in and very swiftly. I know they did this for many hours in the early morning, contacting people, and the response was amazing and very swift.”

“The whole uncertainty – ‘OK, what happens now?’ That was one very big question on some people's minds when they came to work on the Monday morning.”
“You obviously need to have access to the right sort of people – fifteen different people you could ring. And it's important to know the ones that are not appropriate.”

“You’ve got to have a plan in place too. That’s very important otherwise everybody’s running around not knowing who is doing what.”

“I still maintain the school should better prepare its year level co-ordinators in a very practical sense for dealing with an emergency.”

“Key people need to be prepared - better prepared. Better preparation for our class teachers … what to do … we need some sort of counselling skills.”

“I think it is not the critical incident itself … but the way people are prepared or trained to deal with it that is important.”

“During the probationary period for new teachers I think there needs to be some sort of time to have some sort of PD on this sort of thing.”

“We actually had a PD session probably a few months before he died. I was quite glad - even though it'd only been one session it was some help.”

“There was just a feeling that it was under control. You just had confidence – you knew things were being done. We followed the Critical Incident plan.”

“What they did have in place worked and worked very, very well. I don't know what would have happened, to be quite honest, had we not had that session a few weeks before. I think what policies that we had due to that session worked and worked very, very well.”

“You need people committed to a plan … the confidence that people will do the job properly. I firmly believe you’ve got to have a plan in place. Otherwise it just won’t happen.”

“The thing that helped most was having management help and the counselling team here, knowing that they were looking after all the organisational details.”

“We didn't have to worry about (the management process). All the staff appreciated it because we really didn’t know what to do. They were a really good support.”

“We did an inservice here the previous year …. so the crew stepped in and things happened.”

“I suppose we really do need to document an official action plan if an accident or this sort of thing happened again ….. it's one of those things we really need to do.”

“The leadership team took over the office and suddenly you had four or five people holding the reigns instead of the one because they were very conscious of how much (the Principal) was upset.”
Leadership

“There wasn’t a day went by that (the principal) wouldn’t say ‘how are you going?’ or ‘how are you wearing today?’”

“We didn't get permission to respond according to our own needs - that was very strong – we didn’t get that.”

“Authority. I don't know how much they’ve looked and that's what worries me. I don't think they still see. I’m still angry - we are all still angry.”

“The relevance and the role and the helpfulness of leadership in the situation wasn't that apparent and I think what it lacked was recognition of the grief that was within the staff.”

“It's made me harder. I feel that I'm harder and I don't accept things as easily now, that come from the leadership. I'm afraid I lost a bit of respect for a lot of them.”

“It was really hard, but the way it was dealt with was the hardest thing to cope with and I'm still very angry.”

“Probably nothing was ever resolved, no one ever came and said, ‘We've made a mistake, we should have recognised your needs’. Nothing's ever been said or done to heal us, even now there's no healing.”

“I suppose it's made me less accepting of what's done in schools and I question more of what we're doing with each other, not just the care of the students.”

“There was no official recognition … there was no ‘Are you okay dealing with this boy’.”

“We had time within the staff to discuss it and we were involved quite a bit with the preparation of the funeral and things like that, which I thought was really good for the staff.”

“It was very organised – our principal is a very organised person and so with something like that on the go she’s got it down to a T …. It went very smoothly.”

“You’ve got to have a principal who is a spiritual person and cares about other people.”

“They supported me 100 per cent. When administration people come out on a Sunday looking for you to see how you are coping because of what has happened speaks volumes to me.”

“The leadership team was a really important thing I think for me … being kept informed, and also having a group of people who I felt fairly close to in a professional way, like not just in my personal or home life, in a professional way I felt close to … that I could just be myself with them anyhow, and that was okay.”
“I’ve had a lot of support from the staff. Our staff was very very supportive and the
other school staff – I thought that was great. It was the hierarchy that I think, that let us
down.”

**Additional Comments**

“If the staff could do a (grief) course like that they would become a little bit more aware
of what the issues are.”

“I’ve spoken at the principals’ meetings about it but I don’t think people really realise
the significance of it until it happens. That really worries me … ‘Yeh we’ve got a
critical incident policy – its over there on the shelf. A team of people put it together’.
You can’t have it that way.”

“I don’t think we’ve actually sat down and looked at the whole incident and debriefed
ourselves. Maybe we needed to do that.”

“That’s the point I was trying to make with the other principals … you need to have it in
your head … you need to be familiar with it … so you just go into automatic. There are
certain things you need to take into account. And you can’t afford to miss any of them.”

“There might have been a time for us to review, just to work back through it again - that
we’d structure in place an opportunity for us to look at that again or revisit it in some
way.”

“I just thought it went on for a little bit long.”

“The timing was awkward. Well, that it was out of school time has helped and
hindered. It was awkward to get things organised and to know what to do, what's the
best balance of how to involve other students, how to inform them, what to do, and what
not to do. And then, "What do we do when we come back to school?" We don't want to
just forget her but we don't want to glorify her, so a particular balance of how we
honour her memory but keep it in a sense of balance.”

“I would flood the critical incident team with adequate people and skills to cover all the
possibilities so that there are people there who know what to do, who've been in a
critical incident situation, either mock or real.”

“We needed an opportunity for real honest feedback, a way of debriefing or improving
the processes of the team or something.”

“The way that the environment was abused … I felt disillusioned that sometimes the
students could use the incident to get out of class … sometimes it's almost too much
support, it's over-kill.”

“Every staff member in every school should actually do professional development on it
because we don't know when it is going to happen again. And I think that everybody
should go through the basics.”

“I’d like to have a team of people who have the same concept as I do – of the essential
elements of dealing with a critical incident. As long as you’ve got the thinking right.
These are the things we have to make sure we do. That would be the ideal having a group of people, so it didn’t all rely on the principal. I’d have to be confident that I’d know that somebody else could coordinate it. I think that’s the big thing. I know its tricky because not every principal can do that coordination either I suppose. They certainly have to know what hey are doing. Or have somebody who can.”

“Real care of the individuals within the school is vital – its not just a plan that’s imposed as an organisational structure – you have to look after people. And that’s everybody involved in it. That’s the biggest thing. Other things work around that.”

“Information is essential – you’ve got to have the right communication channels.”

“Some school leaders don’t open their ears to (others’ experience). They think they don’t need this kind of stuff. But the chances are they will.”

Posttraumatic Growth

Relationships with Others

“If this hadn't have happened ... life might have just gone on and on and on as it was going but because of this tragic event I felt like I wanted to get out and spend as much time with (my kids) as I could.”

“I used to be arrogant ... I would be far more sympathetic now of where people are coming from.”

“I think it made me look very seriously at the relationship between myself and my husband .... and I think that’s had a powerful influence on me personally.”

“I suppose I was probably open to the students more because I knew they were hurting too.”

“It was special ... even kids that you have problems with in your classes ... seeing a totally different side to them, and having them come looking for you because they want to talk.”

“In my classroom, I allow more of the voices to come from the children too, so there’s a bit more of a positive thing there. I put myself in that leadership situation so then I can listen to their concerns.”

“I listen more to not only the students but also to the younger staff too.”

New Possibilities

“I would say that the event was like a catalyst for me – deciding that I had to make a decisions in my own life as far as direction – I think its because I saw how fragile life is.”

“Maybe I needed something that made me look more carefully at myself ... what I was actually doing, what I was actually achieving.”
“It has made me more alert that we do have to fight for others too. Now I would stand up and say, ‘This is not good enough, what about us? We are hurting, and hurting badly’, and ‘Fair's fair.’”

“I don’t think any other event has so drastically altered my whole direction.”

**Personal Strength**

“I feel much stronger, yes. I suppose once you've been through a crisis like that you know that there is going to be pain but you can deal with it, instead of just - it's all so overwhelming.”

“Something I learnt about myself was that I could cope with all sorts of things. I don't think much could happen now that I think I couldn’t deal with.”

“Well the events that have been most stressful in my life, while I never wanted to live through them, the fact was that I did live through them, I survived, and I surprised myself with my own strength.”

“It's now getting to the stage where I don't think that there's too much that this community wouldn't be able to cope with.”

**Spiritual Change**

“It sort of threw me in terms of my world.”

“Suddenly I started rethinking about myself … and that’s why I think I’m at a different point now.”

“Of course it had some impact … not to take yourself so seriously.”

“I might be a little more self-centred than I was … I think I tend to think of me a little bit more.”

“Priorities … I think suddenly some things don't become so important.”

“I think I thought of the spiritual a lot – it became a part of my teaching more.”

“There's a real spiritual impact. I realised I had a false theology, which I believed that God wouldn't let bad things happen to good people. I became so angry at God - just telling him things should not happen to good people - bad things should not happen to good people. That is, of course, absolute rubbish. And even though I had, in my modern adult life, never really believed that, nonetheless, something deeply programmed into me believes that. And so when bad things happen to good people I get very, very angry.”

“Is there any point in praying, because if you pray, does that mean anything good will happen out of it? There's some core values been shaken.”

**Appreciation of Life**

“Life is so fragile … one minute he was here and the next minute he’s gone completely ….. our own lives are just as fragile.”
“It's had a positive influence for me to get on with my life.”

“It just brought completely different values to life. Your life flashes in front of you.”

“It is a rethink life …. what were the actual bits that you liked about his personality or his style and perhaps trying to emulate those things.”