SCHOOL CRISIS MANAGEMENT IN THE 21ST CENTURY – AN
EXAMINATION OF SCHOOL COUNSELLORS’ PREPAREDNESS AND
IMPLICATIONS FOR TRAINING

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DECLARATION OF ORIGINALITY

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.

Vicki J Trethowan
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ABSTRACT

This thesis investigated the range of critical incidents impacting on Australian schools, the type of training accessed by school counsellors and implications for school crisis management training in the Australian state of Victoria. The study had two general aims. The first was to identify Victorian school counsellors’ level of crisis management training, and associated training needs. The second aim was to develop a comprehensive crisis management model which was specific to schools. One hundred and twenty school counsellors working in Victorian government schools completed a questionnaire that gathered data regarding demographic information, experiences in school crisis work, crisis management training accessed, school satisfaction with crisis responses, self care practices and crisis management training needs. Results showed that the majority of school counsellors had been required to respond to critical incidents involving death, suicide, sexual assaults and/or motor vehicle accidents. Counsellors reported that schools called on them for support and that most schools were very satisfied with the support they received, but the school counsellors indicated that they see the need to know more about school crisis management. Results also indicated that few of the school counsellors sampled had accessed pre-service crisis management training. A large portion had engaged in some in-service crisis management training. Results further indicated that theoretical model/clear procedures, current research, intervention skills, practice scenarios and school staff training were considered by school counsellors important aspects of school crisis management training needs. Based on the study findings, a new comprehensive crisis management model that could guide school crisis management practices and crisis management training for school counsellors was
developed. Methodological considerations and recommendations for future research were discussed.
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Chapter 1: Introduction

1.1 Overview

Over the past decade, within Western societies, there have been significant advances in our understanding of how to deal with crises in school settings. However, much of the literature is American, with little Australian research published. Therefore, the role that school counsellors play in crisis management in Australian schools and their level of training for such a role remains unclear.

In Australia, diverse titles are used when referring to professionals who provide psychological and counselling services to schools. For the purpose of this study “school counsellor” refers to a psychologist (fully registered with the Psychologists Registration Board of Victoria) or a social worker (qualification of social work degree and eligibility for membership of Australian Association of Social Workers) employed by the Victorian Department of Education to provide a service to schools.

School crises are not a new phenomenon, they have been happening since formal schools were first established. Traditionally, schools were exposed to incidents such as fire, floods and blizzards (Pitcher & Poland, 1992). However, in today’s schools at least in the U. S. “Guns are replacing fistfights and crisis drills are replacing fire drills” (Stephens, 2002, p.47). Prior to the 1970s, children probably talked about crises they had suffered, but not many adults paid attention to them (Terr, 1990). At this time, there were no known published studies that gave personal accounts from children of their encounter with a trauma, but rather, there seemed to
be more of a reliance on theoretical perspectives of childhood trauma (Terr, 1990). In addition, there was professional resistance to the recognition that children could be significantly damaged from being exposed to a traumatic event (Bloom, 2000). The 1980s saw an increase in the attention given to children’s experiences of trauma. Children’s fear reactions were described as “interwoven” with those of their parents and families (Raphael, 1986). Raphael pointed out that many children attempt to make sense of a traumatic event through games, storytelling, repression and/or dreams. Despite an increased understanding of the reactions of children and adolescents to crises in recent times (Brock & Poland, 2002) there is still much to be learned about the impact of traumatic events on this group (Terr, 1990).

School crises involving threat, potential harm and possible loss also referred to as critical incidents or traumatic events, are extraordinary because they overwhelm the individual’s adaptation to life and evoke intense fear, loss of control and helplessness (Herman, 1992), responses often referred to as psychological trauma (Terr, 1990). Terr pointed out that “life stresses” alone do not typically result in psychological trauma, making the distinction that developmental life events as a result of maturational stages over a lifetime are to be expected, whereas traumatic events are not.

In relation to school crises, it is useful to make the distinction between developmental crises and situational crises (Slaikeu, 1990). According to Slaikeu, the events which precipitate a developmental crisis are part of the “normal” maturation process while situational crises are extraordinary and may bring about
disempowerment and loss of control over one’s life (Slaikeu, 1990). This thesis has focused on situational crises, which frequently have the potential for a large scale impact on school communities (Brock, 2002). Typical situational crises include death, suicide, violence and assaults (Poland & McCormick, 1999). A crisis such as the death of a student can impact on a whole school community. However, incidents such as this were often “swept under the carpet” by school administrators prior to the 1990s (Pitcher & Poland, 1992). In 1999, the school shooting tragedy at Columbine High School introduced a new level of violence. Since this time, threats have been taken more seriously by school administrators (Stephens, 2002). A selection of school related violence around the World (Appendix A) and a significant number of school shootings have contributed to the now widespread acceptance that school crises need to be managed effectively. While reflexive responses might have been acceptable 15 years ago, schools in the 21st century are expected to be prepared to respond to school crises (Brock & Poland, 2002).

While Australian schools have not had to deal with the same level of violence seen in American schools, the increasing numbers of traumatic incidents have challenged all schools to address factors that contribute to such incidents happening (Poland & McCormick, 1999). Schools can no longer assume that critical incidents such as school shootings could only happen in another state or country. Stephens (2002) argued that there are those schools which have faced a major crisis, and those schools that will (Brock & Poland, 2002). In a school setting critical incidents can potentially disrupt academic learning, individual and social development (Pitcher &
Poland, 1992). School critical incidents involving suicide, shootings or violence have underscored the need for schools to be prepared to address the needs of students, as it is quite likely most schools will have to deal with a crisis situation at some stage (Decker, 1997; Johnson, 2004).

Crisis management in the school crisis literature often refers to the “management” of school crises. In other words, the activities required both during and following a crisis. Crisis intervention, which involves responding to the needs of those traumatised following a traumatic event, was the main focus of school crisis management in the 1990s (Johnson, 1993). Early attempts at school crisis intervention did not include school planning and preparedness for crisis management (Pitcher & Poland, 1992). However, crisis intervention is only one component of crisis management. This thesis will develop the argument that crisis management involves much more than initial interventions following a traumatic event. Kline, Schonfeld, and Lichenstein (1995) pointed out that many schools do not use mental health strategies, and respond reactively to crises rather than referring to a crisis management plan. Furthermore, over time there have been many changes to: “how to”, “when to” and “who” respond/s to the needs of school populations affected by a school crisis. Traditionally, crisis response in schools was carried out by emergency service personnel and mental health professionals (Poland, 1994). According to Johnson (2000) prior to the 1990s it was assumed that mental health professionals would provide crisis intervention for children affected by a crisis situation. Recent trends suggest that there is an increasing dependence on school counsellors to provide
crisis intervention for school communities following a traumatic event (Allen, Jerome, White, Marston, Lamb, Pope, & Rawlins, 2002).

This presents a new challenge for many school counsellors as it not only extends their traditional role based on general counselling of students, but necessitates that they be adequately trained to meet the needs of children and adolescents who are affected by trauma (Bramlett, Murphy, Johnson, & Wallingsford, 2002; Klicker, 2000). Pitcher and Poland (1992) argued that in the United States, many professionals working with children following a traumatic event are not trained in crisis intervention.

Often it has taken a large scale tragedy to prompt Government support for crisis intervention training of school personnel to be seen as a priority, as was evidenced following the 2001 9/11 terrorist attacks on New York and Washington, DC. Four schools were evacuated amid smoke and darkness and there were another 36 schools within a 4 mile radius of the World Trade Center site. This tragedy prompted the New York City Department of Education to invite Dr Kendall Johnson from Claremont, California to assist these schools to learn how they could support students following such a crisis (Johnson, 2004). Also, in the United States, the National Association of School Psychologists (NASP) has instigated changes to university courses for school psychologists with the requirement that crisis intervention be included as part of the coursework to cater for the demands of the profession (Allen et al., 2002).
Since the 1990s, there have been a significant number of crisis management and crisis intervention books and manuals written providing procedures, roles and responsibilities for schools and school crisis teams (Brock, Lazarus, & Jimerson, 2002; Johnson, 1993; Johnson, 2000; Johnson, 2004; Klicker, 2000; Peterson, & Straub, 1992; Pitcher, & Poland, 1992; Poland, & McCormick, 1999; Stevenson, 2002; Thompson, 2004; Whitla, 2003). Importantly, a number of the authors have acknowledged that there is a notable lack of evaluation of the suggested practices for responding to school critical incidents (Pagliocca, Nickerson, & Williams, 2002; Pitcher & Poland, 1992). Practices are often based on “plausible conceptual assumptions” rather than treatment outcome research (Vernberg & Vogel, 1993, p. 485). However, most practice recommendations have been based on what has happened in a real school emergency (Poland, & McCormick, 1999). A large portion of these materials have focused heavily on crisis intervention, and included processes identified as prevention strategies that encourage schools to develop a school crisis plan, establish school crisis teams and identify crisis intervention responses within their school crisis management plan. It has only been in recent years that there has been an increased awareness of the need to provide a broader view of “prevention” as a key concept of crisis management (Brock et al., 2002).

Crisis preparedness may include development of a school crisis team, school crisis management plan, identifying roles and responsibilities of school crisis team members (prevention), and crisis response including psychological first aid, communication, assessment and referral processes (intervention). These approaches
identified in recent times lack research that examines the effectiveness of such preparation and strategies (Pagliocca, et al., 2002; Pitcher & Poland, 1992). Research gaps include the lack of evaluation of school based interventions which at times have relied on descriptive accounts and are often based on general incident data and informal case studies (Pitcher & Poland, 1992). Additionally, lack of evaluation of a school crisis management plan weakens the dependability of the plan (Pagliocca et al., 2002).

A general aim of the current study was to identify crisis management practices in Australian schools and the training needs of school counsellors. To ascertain what role school counsellors in Australian schools play in crisis management and their levels of training, this study surveyed school counsellors currently working in Victorian government schools. The second general aim of this study was to develop a comprehensive crisis management model that could guide the training of school counsellors in crisis management.

The following four chapters will review the literature covering aspects of crisis management including a conceptual crisis management framework, crisis management in the school setting, child and adolescent trauma and the role of school counsellors.
Chapter 2: The Development of a Conceptual Framework for School Crisis Management

The early 1990s saw the beginning of a new era with recognition of the need for schools to develop crisis management practices. A number of authors (e.g., Peterson & Straub, 1992; Pitcher & Poland, 1992) began producing manuals suggesting strategies and processes for crisis intervention work and included planning and preparedness which were described as prevention strategies. They criticised previous school practices of ignoring or minimising trauma responses and reactions of school populations, especially those of children. To understand crisis management it is necessary to understand what is meant by crisis, and relevant theoretical models. Crisis research makes reference to crises, crisis theory, crisis prevention, crisis intervention and crisis management often uses terminology including crisis, traumatic event, disaster and emergency when describing devastating events that have the potential to significantly impact on individuals and/or communities. Crisis, traumatic event, disaster and emergency are terms often used interchangeably in the school crisis literature.

This chapter will begin by defining crisis, traumatic event, disaster and emergency to highlight their relationship when discussing events that could impact on school communities. In addition, crisis theory will be described and a context for understanding the development of school crisis management will be presented.
2.1 Defining Crisis, Traumatic Event, Disaster and Emergencies

2.1.1 Crisis

A crisis can be defined as a traumatic event that is often unpredictable and overwhelming (The American Academy of Experts in Traumatic Stress, 1999) and where pre-trauma coping mechanisms have broken down (Slaikeu, 1990). According to Roberts (2000), from as early as 400 BC, crisis has been defined as a “hazardous event”. Roberts pointed out that Hippocrates defined a crisis as: “a sudden state that gravely endangers life” (p. 11). Caplan (1964) defined crisis as a breakdown of one’s ability to apply usual coping mechanisms. According to Caplan (1964) the notion of a crisis presents two possibilities: firstly, the opportunity for psychological growth, and secondly, the danger of psychological deterioration with the outcome dependent on appropriate resolution of the complex conflicting influences. Further, there is acknowledgment that there are positive and negative aspects of a crisis (Kline et al., 1995; Lazarus & Jimerson, 2002). Similarly, Slaikeu (1984) stated that “crises are viewed as critical turning points where danger and opportunity co-exist and where the stakes are high” (p. 21).

2.1.1.1 Types of Crises

The crisis literature has defined two types of crises, developmental crises and situational crises. Developmental crisis, as previously mentioned, refers to naturally occurring stages during a critical transition point in an individual child’s developmental stage (i.e., child to adolescent) (Brock, 2002). Developmental crises are often characterised as “life stresses” that are to be expected during a lifetime
(Terr, 1990) when the potential to struggle with transitional stages (i.e., adolescent to adult) can present as upsetting or cause disorganisation (Slaikeu, 1990). However, situational crises refer to crises that are unpredictable and unique with the potential to impact on many individuals (Brock, 2002). There are four main characteristics identifying a situational crisis: sudden onset, unexpected, classified as an emergency, and the potential to impact the community (Slaikeu, 1990). Brock (2002) pointed out that situational crises are “not part of the normal school experience” (p. 6). Further, they may overwhelm previously developed coping mechanisms (Slaikeu, 1990). Importantly, those responsible for crisis management in schools, as part of their professional role, need to have an understanding of potential situational crises or traumatic events and how they differ from life stresses.

2.1.2 Traumatic Event

“Trauma” is described as an emotional wound with the possibility of the effects being long lasting. The Greek root for trauma is “traumat” which means wound. The depth of the wound will be dependent on the personal significance of the traumatic event experienced by the individual (Everstine & Everstine, 1993). Herman (1992) refers to traumatic events as “extraordinary” due to their overwhelming capacity to inhibit one’s normal adaptation to life. Typically, these events can evoke reactions such as terror and helplessness. Potential traumatic events include natural disasters such as fires and earthquakes; serious assaults; death; witness to tragedy and violent acts (Everstine & Everstine, 1993) usually involving threat to life or an encounter with violence or death (Herman, 1992).
Brock (2002) proposed six traumatic events classifications: severe illness, violent/unexpected death, threatened death/injury, war, natural disasters and manmade disasters, any of which has the potential to cause psychological trauma for school populations. In considering traumatic events, it is necessary to acknowledge four systems levels: individual, family/social network, community and society (Slaikeu, 1990). Slaikeu stated that prior to a traumatic event an individual is in a steady state functioning adequately as a member of a family/social group, nestled within a community which is part of the broader society.

Earlier studies of psychological responses to traumatic events included observations of emotional reactions to the First World War and the emergence of terms such as “shell shock” and “war neurosis” to describe these reactions (Ursano, McCaughey & Fullerton, 1995). Ursano et al. further contended that these studies have facilitated an understanding of the psychological effects of traumatic events.

2.1.3 Disaster

Disasters are often classified as either natural or manmade. Natural disasters refer to a consequence of ‘forces of nature’ and include: floods, tornadoes, fires, earthquakes. Manmade disasters refer to those described as causal due to “some action” taken by man. These events often cause social disruption, loss, damage to property and mass casualties (Raphael, 1986; Ursano et al., 1995). Raphael pointed out that in the wake of a disaster one of the highest costs for humans is the psychological experience and emotional pain. A disaster is time limited and results in a high level of disruption for the community (Vogel & Vernberg, 1993). In addition,
Raphael (1986) described a disaster as an overwhelming event testing: “the adaptational responses of community or individual beyond their capability and lead, at least temporarily, to massive disruption of function for community or individual” (p.5).

2.1.4 Emergencies

Most of the school crisis literature refers to “crises”, “traumatic events” and “disasters”, however, the Australian state of Victoria’s Department of Education (DoE, 2001) refers to “emergencies” in the context of school crises, traumatic events and disasters. Victoria’s emergency management legislation includes a broad range of traumatic events that may be experienced by schools. Typical events are variously described as emergencies, crises, critical incidents, traumatic events and disasters (Department of Education, 2001). Victoria’s Emergency Management Act (1986), describes an emergency as an actual or imminent event that endangers or threatens to endanger the safety and/or health of individuals and/or communities. Emergencies include, but are not restricted to: natural disasters such as fires, floods, earthquakes, tornadoes, explosions, accidents, epidemics, terrorist activity, violence and siege/hijack. The Victorian DoE requires all government schools to have an emergency/crisis management plan, which identifies actions to be taken during and following a critical incident/traumatic event/disaster. Schools also have a responsibility to support school community members who may be traumatised as a result of a traumatic event/disaster (Victorian Department of Education, 2001).
2.2 Crisis Theory

Crisis literature identifying the concept of ‘crisis theory’ emerged in the 1940s following the death of 493 people during a fire at the Coconut Grove night club in Boston (Roberts, 2000). In 1944 Eric Lindemann carried out a study looking at the reactions of survivors and relatives of individuals who died in the fire at the Coconut Grove nightclub. Lindemann developed ‘crisis theory’ from his study based on findings that identified a number of people’s unhealthy coping in the context of bereavement. Lindemann argued that unhealthy coping could be prevented with the assistance of community caregivers facilitating an appropriate mourning process for the bereaved (Caplan, 1964).

Intervention in this sense was seen as a means of ‘prevention’. Lindemann’s findings indicated that those affected by a traumatic event and who received immediate psychiatric help had much better outcomes compared to those who received no immediate psychiatric help (Slaikeu, 1984). Together Lindemann and Caplan developed the Wellesley Project which focused on individuals reacting to a traumatic event and explored preventive measures. They described a process whereby a hazardous event produces a crisis. According to Roberts (2000) Caplan expanded on Lindemann’s earlier study and identified crises that included developmental transitions. Caplan’s work focused on preventive psychiatry and early intervention. He proposed theoretical concepts that laid the foundation for “crisis intervention theory”.
2.2.1 Crisis Intervention Theory

Crisis intervention theory was developed as the process of detecting maladaptive reactions to a crisis and the requirement to transform these maladaptive responses into effective coping and learning experiences (Caplan, 1964). Caplan’s work was supported by that of Rapoport (1967) indicating that helping individuals in crisis required them having immediate access to a crisis worker. In a crisis situation normal coping mechanisms are described as often being significantly disrupted with the potential for the victim to feel helpless and fearful. Following the experience of a traumatic event, normal coping mechanisms can be quite inadequate and individuals are more likely to engage in brief treatment (Roberts, 2000). It is critical that there is a common understanding that the personal effect of a crisis or traumatic event will be dependent on how an individual perceives the event (Roberts, 2000). Therefore, individual response and reaction to the same traumatic event will vary (Ursano et al., 1995) according to how individuals analyse the event. This needs to be considered by those determining appropriate crisis intervention strategies.

2.3 Crisis Prevention and Intervention in 1960s and 1970s

Caplan’s preventive psychiatry, according to Wiger and Harowski (2003), identified ‘early crisis intervention’ as a means of prevention. This became the focus of the work in the 1960s carried out by community practitioners such as nurses, teachers and clergy in preparing people for predictable developmental crises as defined by Erickson’s eight stage theory of human development (Hjelle & Ziegler, 1981). According to Erickson’s eight stage theory, each stage presents social
developmental challenges that have the potential to lead to developmental crises if the age appropriate transitions are not resolved.

In the United States around this time, a large number of Mental Health Centers were established. The major emphasis of these centers was providing crisis intervention (Wiger & Harowski, 2003). Wiger and Harowski pointed out that nonprofessionals and paraprofessionals were often used to assist community mental health using Caplan’s model of “early crisis intervention”. In this short term process individuals in a ‘crisis state’ were assisted to resolve the imbalance of emotions and thoughts caused by the crisis and to restore equilibrium. It was argued that this would prevent long term problems. Suicide prevention and crisis service centers were also established providing 24/7 crisis hotlines (Slaikeu, 1990). Slaikeu pointed out that while these centers were specifically set up to prevent suicide, they rapidly moved toward intervention practices providing support in relation to a broad range of crises including suicide, death and abuse. Additionally, Slaikeu (1990) contended that crisis intervention literature began to emerge which outlined strategies for helping individuals and families in crisis. The 1970s saw a further increase in research and the knowledge base in relation to crisis intervention practices. Research indicated that following a traumatic event or crisis, victims may exhibit either acute, or a small percentage of people, delayed symptomatology, namely, posttraumatic stress disorder (PTSD).
2.4 Posttraumatic Stress Disorder

PTSD was introduced to the Diagnostic and Statistical Manual of Mental Disorders, third edition (DSM-111) (American Psychiatric Association [APA], 1980). In this edition there were no specific diagnostic criteria for children (Benedek, 1985). Most disorder categories in the DSM 111 (1980) were symptom dependent, however, PTSD was situation dependent (APA, 1994). In the more recent DSM-1V (APA, 1994), it is stated that PTSD can result from exposure to life threatening events, learning about violence, or the violent death of a friend or relative (Rothschild, 2003). Additionally, the DSM-1V (APA, 1994) stated that the “essential feature” of PTSD is exposure to a traumatic event (p.424). However, the reaction of the individual is critical. Exposure to a traumatic event does not automatically lead to psychological trauma and the need for crisis intervention assistance (Brock, 2002). It is essential those undertaking crisis work have sound knowledge of the central characteristics of a crisis state (Brock, 2002).

2.5 Crisis Prevention and Intervention Development Post 1980s

During the 1980s there was a significant increase in the professional training of mental health workers in the United States. This was largely due to requirements by insurance companies for mental health services to be conducted by professionals with a Masters Degree in the area of Mental Health. This led to a decrease in crisis intervention and increased long term therapy (Wiger & Harowski, 2003). However, Mental Health Organisations demanded short term therapeutic treatment, hence crisis intervention programs again became a popular choice of therapy. Those providing
crisis intervention were mainly working with knowledge of adult reactions and symptoms. The 1990s saw a significant increase in crisis intervention training programs in the United States. These programs were developed by organisations such as the American Red Cross and Critical Incident Stress Management teams for group training in crisis intervention (Wiger & Harowski, 2003).

A number of studies have examined the reactions of mental health workers to disasters. For example, Dyregrov and Solomon (1991) surveyed 23 mental health professionals to determine their preparation for, and reactions to, people’s needs during and following the 1989 Californian earthquake. Findings indicated that while respondents held preparedness and appropriate training as important factors in providing a response for those affected, only around a quarter (26%) of the 23 respondents felt adequately prepared for the tasks they participated in. These findings suggested that there was a significant gap in the training of mental health professionals in preparation for their role in crisis or disaster situations.

Similarly in the United States crisis intervention in school settings early in the 1990s was also gaining attention, with concerns being expressed that there were few schools prepared for severe crisis events and many not reporting critical incidents (Pitcher & Poland, 1992). Prior to the 1990s mental health workers were required to provide consultation and support in schools (Johnson, 1989) and yet many were not trained in crisis intervention practices (Pitcher & Poland, 1992). Mental Health professionals have been at the forefront of responding to community needs following traumatic events (Wiger & Harowski, 2003) and yet preparation and training for
responding to the needs of those affected remained a concern. The roles and responsibilities of mental health workers arguably require specific skills that would maximise an effective response (Wiger & Harowski, 2003).

2.6 Defining Crisis Management, Crisis Prevention and Crisis Intervention in the Context of Schools

2.6.1 Defining Crisis Management

Crisis management in the school crisis literature, as previously mentioned, often refers to the “management” of school crises. In other words, it included the activities required prior to a crisis in relation to school planning and preparedness, and strategies for assisting and supporting those who have been traumatised during and following a crisis situation (Johnson, 1993, 2000; Thompson, 2004). There are limitations to this definition. This definition does not provide a comprehensive overview of what crisis management is, and additionally, has a restricted meaning of prevention. Also the component of evaluation is omitted.

2.6.2 Defining Crisis Prevention

Prevention is described by some authors as the practice of preparation and preparedness for school crises (Thompson, 2004; Whitla, 2003). Nader and Pynoos (1993) pointed out that the goal of Dwyer and Jimerson (2002) extend this definition pointing out that prevention requires a plan that adopts programs to prevent actions such as bullying and violence with discipline procedures that are consistent and positive and include an evaluative element to allow for adjustments. In addition, Dwyer and Jimerson stated that the principle of prevention emphasises building a
foundation for effective intervention and importantly includes social and behavioural skills taught to students that can prevent “social chaos” and “violent hostility”.

According to Furlong, Pavelski, and Saxton (2002), prevention of school violence and crises has traditionally referred to primary prevention, secondary prevention and tertiary prevention. However, Furlong et al. stated that these terms only have meaning within the context of the specific behaviours they are intended to prevent. They question the use of these terms as possibly blurring what prevention and intervention mean in the context of school violence.

Elliot, McKevitt, and Di Perna (2002) suggested that children’s social functioning was an important “prevention” strategy. Additionally, Elliot et al. described teaching of concepts such as social skills training to elicit positive rather than negative responses and as an intervention to promote pro social behaviours. These definitions of prevention and intervention can be confusing. Other researchers such as Furlong et al. (2002) have described social skills training clearly as prevention in relation to crises. There are major differences in the way that various authors define the term prevention which raises the issue of whether there is the need for a more simplified explanation of what is meant by prevention and intervention in the context of school crisis management.

2.6.3 Defining Crisis Intervention

According to Roberts (2000) school crisis intervention refers to a number of strategies and practices involved in assisting and supporting those affected as a result of a traumatic event. Roberts stated that one of the first stages of crisis intervention
includes “psychological first aid” which refers to the practice of establishing rapport, assessing an individual’s basic needs and reducing individual distress. A further stage includes strategies such as listening, storytelling, reflection on feelings and exploring alternatives. This stage also involves assisting individuals to return to adaptive functioning. Importantly, Ronan and Johnson (2005) have suggested that there are two main sources of support for the majority of people. Firstly, tangible supports and secondly, communication, information and support systems. Additionally, assessment and referral to health professionals for those at risk is also an important stage of crisis intervention (Pitcher & Poland, 1992).

2.7 Developing a Framework for School Crisis Management

Terr’s (1990) study and the work of Caplan (1964) and Slaikeu (1984; 1990) gave professionals working in schools the impetus to develop a more empirically validated approach to school crisis prevention and intervention practices. The 1990s saw a number of authors producing crisis intervention resources which suggested strategies and procedures for school crisis response (Peterson & Straub, 1992; Pitcher & Poland, 1992). Recognition of the need for school crisis prevention and intervention practices since this time has been attested to by a number of authors (Brock et al., 2002; Johnson, 1993, 2000, 2004; Klicker, 2000; Peterson & Straub, 1992; Pitcher & Poland, 1992; Poland & McCormick, 1999; Stevenson, 2002; Thompson, 2004; Whitla, 2003). In contrast to the 1980s, schools are now working to establish crisis management plans that include prevention and early intervention strategies. Today schools are doing more than just relying on the resiliency of
children as was the case prior to the 1980s. Professionals will be faced with children whose lives have been changed as a result of a crisis or traumatic event and it is now recognised that effectiveness in assisting and supporting such children requires specialised knowledge (Johnson, 1989).

To provide school crisis prevention and intervention practices school counsellors need to have an understanding of crisis theory. Specifically, what a crisis is, what being “in crisis” is and what crisis response involves (Brock, 2002). In addition, the evolving expectation of school crisis response includes an increased expectation of schools to reflect on their preparedness as a preventive measure for the provision of crisis response services (Brock, 2002). To clarify crisis prevention and intervention practices Brock (2002) used Caplan’s (1964) model of “prevention psychiatry” with three classifications of response: primary prevention, secondary prevention and tertiary prevention.

2.7.1 Primary Prevention

Caplan (1964) contended that primary prevention lowered the rate of new cases of mental disorder by counteracting harmful circumstances. Subsequently, Meagher (2002) defined primary prevention as the process of reducing the “onset of acute emotional upset” by increasing student resilience through teaching appropriate programs that strengthen and enhance the decision making options that are available to the individual (p. 45). Thus, recently the school counselling profession has encouraged preventive measures for all students (Gysbers, 2001). Creating safe and supportive school environments, identifying students at risk of violence, promoting
social skills, addressing bullying issues and engaging students in anger management and peer mediation programs are some examples of primary prevention strategies (Brock, 2002). Brock argued that schools also need to ensure that primary prevention includes crisis preparedness which is designed to minimise the traumatising effects of crisis and to identify and respond to those in crisis. Further, Brock acknowledged that it is not possible to prevent all traumatic events, or to include procedures for schools responding to all crisis situations.

2.7.2 Secondary Prevention

According to Caplan (1964) secondary prevention includes early diagnosis and effective treatment to reduce the rate of mental disorders. School level crisis response is primarily seen as responding to school students who have entered a “crisis state”, are experiencing acute distress and require assistance to re-establish their adaptive coping mechanisms (Brock & Poland, 2002). In the school context, the importance of school crisis intervention cannot be downplayed and an immediate response to individuals who are “in crisis” is required (Brock, 2002). Helping people to prepare more effectively so they respond and move toward recovery is critical to restoring equilibrium (Ronan & Johnston, 2005). School crisis intervention practices following a traumatic event can also assist schools to effectively contain the crisis and in turn minimise long-term effects on school community members. Ronan and Johnston (2005) argued that it will depend on how well people prepare, respond to and cope with traumatic events that will determine how well the community will “bounce back” following a significant critical incident. In other words, in an
emergency or disaster situation that renders an individual terrified and helpless, recovery will be dependent on the individual’s ability to return to pre crisis functioning and their adaptation to their changed structures. School counsellors need to know how to provide effective crisis intervention that compliments the process of collaborative problem solving and includes students, teachers and the wider school community following crises such as death, suicide, murder, violence, natural disasters and sexual abuse. Help from naturally occurring support systems is important in increasing coping and resolution of distress and related difficulties (Ronan & Johnson, 2005). Crisis intervention is aimed at preventing a rapid decline in the individual’s normal functioning level. This requires dealing quickly with an immediate problem, providing management of the problem rather than the solution to the problem (Greenstone & Leviton, 2002).

Poland and McCormick (1999) pointed out that while many children are resilient, they also benefit from having an opportunity to talk about a traumatic event and that this is important for their wellbeing. School crisis response teams can provide an immediate response to those in a crisis state. The crisis response team should typically consist of administrators, school psychologists, school nurse and may include teaching staff (Poland & McCormick, 1999). A school mental health professional such as a school psychologist could assume the role of crisis intervention coordinator and initiate planning for crisis intervention responses. The role of crisis intervention coordinator includes developing a process for identifying and referring individuals who need mental health services (Brock & Poland, 2002). Following a
critical incident that is potentially traumatic school crisis teams must determine the
level of response required (Brock, 2002). It must be acknowledged that there are a
number of factors that need to be considered when determining the required response
including crisis type, crisis severity, and number of people involved (Brock, 2002).

In the event of a large scale traumatic event involving significant numbers,
there is the likelihood of multi agency response requirements. Crisis intervention is
therefore considered to be a secondary prevention process necessary for preventing
further problems developing as a result of traumatic reactions to crisis situations. As
argued by Caplan (1964), successful coping with crisis situations can prevent
including meeting basic needs, psychological first aid focusing on individual
strengths, promoting social networks, facilitating activities to assist students with
processing traumatic events and identifying and addressing individual needs. In
addition, individuals deemed “at risk” or “vulnerable” may requires additional
support. Further, referral for those who may require long term therapeutic treatment
to appropriately trained mental health professionals is an important aspect of school
 crisis response.

2.7.3 Tertiary Prevention

Tertiary prevention involves provision of programs designed to assist victims
of trauma to regain adaptive coping styles (Caplan, 1964). School crisis ‘tertiary
prevention’ requires mental health professionals helping individuals to repair crisis
related damage some time after the crisis has passed (Brock, 2002). Tertiary
prevention practices often utilise long term psychotherapeutic treatments. School mental health professionals should be prepared to assess those individuals who require longer term treatment. Long term therapeutic treatment is usually beyond the scope of what a school can offer and is mostly referred to appropriately trained mental health professionals (Saigh & Yasik, 2002).

2.7.4 Components of School Crisis Management

School crisis management to date has been identified essentially as a framework involving two primary components, that of prevention and intervention. Prevention and intervention programs and practices have been reported in the literature as the essential ingredients for effective school crisis management (Brock et al., 2002; Johnson, 2006). Since the early 1990s, while there has been a recognition that schools need to provide crisis management practices, there has been a notable lack of evaluation of the critical features of effective crisis intervention practices (Nelson & Slaikeu, 1990; Raphael, Wilson, Meldrum & McFarlane, 1996). Vernberg and Vogel (1993) argued that there is a need for evaluation of practices described from case reports that have been adopted by professionals undertaking crisis work. The crisis literature published since Lindemann’s work in 1944 has considered the process of crisis intervention rather than evaluation of the process and measuring of the outcomes (Klingman & Ben Eli, 1981; Slaikeu, 1990). In addition, Pagliocca et al. (2002) argued that “for more than two decades, researchers and practitioners have called for evaluation of crisis intervention programs and strategies” (p. 771).
It has only been recently that the ‘prevention’ material has been further developed to include prevention programs such as problem solving, bullying programs, peer mediation, suicide prevention and aggression replacement training (Brock et al., 2002). This recent recognition that ‘Prevention’ is more than school crisis preparedness has provided a much needed direction for schools in developing an understanding of the benefits prevention programs can provide in relation to crisis management practices. However, Pagliocca et al. (2002) pointed out that despite prevention strategies and practices such as establishing school crisis management teams and providing prevention programs, there are few schools that evaluate these strategies and practices. Evaluation and research is needed in relation to determining the most effective crisis prevention and intervention strategies and programs. Pagliocca et al. (2002) have suggested that evaluation research designs may be most suitable given the ethical considerations involved in conducting research involve traumatised individuals. Further, Pitcher and Poland (1992) acknowledged that research and evaluation of these practices presents a challenge, since it is difficult to predict when and where a crisis will happen. Therefore, clinical experience and ‘ad hoc’ explanations and recollections provide current knowledge in relation to crisis intervention practices (Pitcher & Poland, 1992).

This chapter has provided definitions of crisis, traumatic event, disaster and emergency for the purpose of identifying their relationship when discussing crisis situations that have the potential to impact on school communities. In addition, crisis theory and crisis intervention theory was described. The development of a framework
for school crisis management was discussed. Further, the need for evaluative research has been described.

Chapter 3 will examine crisis response in the school setting including situational crises, the impact of crises on school populations, school crisis intervention practices, crisis response prior to and post 1990s, the role of school counsellors and school crisis intervention training.
Chapter 3: Crisis Response in the School Setting

Schools in all parts of the world deal with traumatic events on a daily basis. As is evidenced by the media, incidents such as school violence, car accidents, suicides, man made and natural disasters have increased the need to focus on school crisis management. In most English speaking countries, schools have a responsibility to assist students and staff to deal with the aftermath of a critical incident, and school counsellors play a central role in assisting with the provision of crisis prevention programs, strategies and intervention practices specific to school communities. Managing critical incidents in schools has until recently involved emergency service personnel attending to the physical safety of students and staff, coping with media attention and minimising disruption to student learning.

3.1 Situational School Crises

Situational crises as previously mentioned (p.2) are often large scale incidents occurring at school or in the community that potentially impact negatively on students, staff and members of the school community (Trump, 2000). They can create chaos and fear and can undermine the stability and the safety of a school community. Situational school crises can also expose individuals to devastating and “unforgettable sights and sounds” (Johnson, 2000, p.3). School administrators who have encountered a major crisis have indicated that they did not think it would happen in their school, but violence can happen anywhere (Stephens, 2002).

A school crisis in the past referred to events such as suicide, suicide ideation, death of a parent or assault of a physical nature. In more recent times schools across the world have been subjected to large scale disasters such as multiple fatalities that threaten the safety of the whole school community.
3.2 School Crises in the Context of the United States

School critical incidents range from large scale traumatic events to traumatic events that are considered to be on a smaller scale. However, in the United States there have been some recent large scale events. As previously mentioned (p.5), Johnson (2004) cites the example of the terrorist attack on the World Trade Center in 2001, which forced the evacuation of four schools in close proximity, and another 36 schools within a 4 mile radius of the World Trade Center. School students and staff of the four schools in the Lower Manhattan area of the United States had to be evacuated and relocated. Johnson (2002) stated that this large scale disaster with large numbers of casualties meant a delay in support for distressed school communities, school personnel were forced to manage with partial direction, district support services were overwhelmed and there was a negative impact on school staff.

Johnson (2004) argued that the potential for terrorist activity or a large scale disaster had become a daunting prospect for many schools. He pointed out that there needs to be a rapid crisis management response following large scale incidents that create chaos and fear. Those affected by a school crisis situation may range from being relatively unaffected to highly distressed.

Johnson, Casey, Erlt, Everly, Jr. and Mitchell (1999) reported statistical information about traumatic events that in recent years have impacted on children and adolescents in the United States:

1992-1999 - 217 students under 18 years of age murdered at school
1996-1997 - 11,000 attacks on young people involving weapons
1998 - suicide was identified as the third leading cause of death for people under 24 years of age.
Additionally, motor vehicle accidents in the 1990s were identified as the leading cause of death among young people. The rate of trauma exposure for children and adolescents in the United States in the 1990s was estimated at approximately 40%.

3.3 School Crises in the Australian Context

“As the global community becomes closer, the effects of school critical incidents in other parts of the world increasingly impact upon our emotions” (Whitla, 2003, p.2). The Australian community, including school communities, has been impacted on and has had to deal with, the aftermath of disasters including the World Trade Center, 2001; Bali bombings, 2002; and the London bombings, 2005. In Australia, there is an increasing awareness of the need to provide support to school communities impacted on as a result of a serious accident, a violent act or a traumatic event (Whitla, 2003). Traumatic events that schools are expected to deal with include tragic deaths involving suicide, violence and criminal activity (Rindfleish, T. 2003, August 17; “Suicide: Men at Risk,” 2003; Rindfleisch, T. 2003, December 7).

Meldrum (2002) pointed out that the “man -made disaster” represented by the terrorist attacks on the World Trade Center in 2001, left a lasting effect on people around the world. Large scale traumatic events such as this alter the basic assumption about a relatively ‘safe’ world (Johnson, 2000).

Prior to 2000, Australian schools had been relatively immune from traumatic events such as the terrorist activity experienced in other parts of the world. Within a week of the Bali bombings that killed many Australians, a traumatic event involving student shootings at Monash University in Victoria distressed members of state school communities nearby. Thus large scale traumatic events intensify school
community vulnerability to trauma and generate significant traumatic reactions from individuals within school communities. School counsellors are primarily responsible for minimising the adverse emotional reactions of school community members, and there is often high demand for these services (Peterson & Straub, 1992).

3.4 Crisis Response Practices

Until a school experiences a large scale traumatic event, the full extent of the response required is not fully anticipated (Poland & McCormick, 1999). Johnson (2000) points out that large scale incidents involving public safety are managed predominantly by agencies including police, fire services and other emergency personnel. In the event of a large scale incident involving a school community, the school principal may direct school crisis management practices as an extension of overall incident management by the local lead agency for emergency services.

Stevenson (2002) defined school crisis management practices as a “process whereby all aspects of crisis are addressed to the point of elimination, resolution or prevention” (p.7). Further, Stevenson pointed out that goals defined for effective crisis management must reflect the physical, emotional and educational needs of the school community (Stevenson, 2002). Additionally, it must be acknowledged that school communities are increasingly becoming culturally diverse (Sandoval & Lewis, 2002). Many families who have migrated to Australia may have experienced crisis events such as war, torture and significant loss in their country of origin. Individuals from some cultures may be potentially more vulnerable in the wake of a traumatic event. Sandoval and Lewis pointed out that culture “regulates how individuals interact” (p. 293). Additionally, Sandoval and Lewis argued that the relationship between culture and crisis may assist to determine “what incidents are perceived as
School crises, while often unpredictable, are becoming more common and crisis management practices must include prevention and intervention strategies. These aspects of crisis management require organisation, planning and development to ensure effective resources and services will provide the opportunity for individual school community members to engage in constructive coping (Stevenson, 2002). Castro Blanco (2000) stated that crises involving school students “occur at school, are associated with school or are first detected at school” (p. 273) and that the emotional health and physical safety of students are serious issues (Stevenson, 2002). This is despite the fact that schools are carefully designed as safe environments (Stevenson, 2002).

School crisis management practices to date have been developed to include prevention strategies and intervention practices but have overlooked inclusion of an evaluative component. Rather, there is strong tendency to see crisis management as “management” of school crises. There is apparent confusion in the school crisis literature in relation to how “prevention” is perceived.

3.5 School Crisis Teams

Establishing a school crisis team is a necessary part of school crisis management. The school crisis team plays a major role in the development of a school’s crisis management plan in consultation with a number of other professionals including school staff (Peterson & Straub, 1992) parents and emergency personnel.
Typically, a school crisis team includes, but is not limited to, the principal, assistant principal, school staff members, school counsellor and school nurse (Peterson & Straub, 1992). Peterson and Straub pointed out that the functions of the school crisis team include: developing a school crisis plan, preparing school staff and informing student services, emergency personnel and departmental officers. The principal ultimately has the responsibility to make decisions and initiate actions to be taken by members of the school crisis team. In the absence of the principal, the assistant principal usually assumes the role of decision maker and determines necessary actions to be taken. The school nurse usually provides information and expertise in relation to physical symptoms such as shock and will often assist with attending to any injured persons if the crisis requires medical intervention (Peterson & Straub, 1992). In the aftermath of a critical incident, the school counsellor has primary responsibility for crisis intervention, and ideally should be trained in child and adolescent reactions to trauma.

3.6 School Crisis Response

School counsellors may also help to restore the equilibrium with the school environment when a school suffers a traumatic event (Brock, 2002; Brock, Sandoval, & Lewis, 2001; Caplan, 1964). The school counsellors provide the linchpin of a school crisis response. They are the primary people responsible for alleviating traumatic stress among school community members (Peterson & Straub, 1992). Effective crisis management promotes positive growth of individuals and avoids negative outcomes (Hoff, 1995).
3.6.1 School Crisis Response Prior to the 1990s

Pitcher and Poland (1992) report that prior to 1992 they could only identify 11 articles on school crisis literature that used the terms “crises” or “crisis intervention”. Traditionally, traumatic events affecting school populations were responded to by emergency personnel such as Police, Fire Brigade and Ambulance. These emergency services personnel predominantly addressed physical needs including safety and immediate medical needs. There was little or no school crisis intervention to address the psychological trauma of those affected (Terr, 1983). Until the late 1980s, school crises were responded to informally by school staff or trusted to the services of external mental health professionals (Johnson, 2000). However, a degree in mental health (counsellor, psychologist, social worker) did not necessarily mean knowledge of crisis intervention. Typical incidents identified as affecting school populations included natural disasters, serious accidents and expected or unexpected death due to illness. In such situations, schools tended to see themselves as being responsible for providing the students’ education and not responsible for the wellbeing of students (Pitcher & Poland, 1992).

3.6.2 School Crisis Response Post 1990s

Crisis response is necessary for the continued function of a school’s educational learning program given that it provides assistance and support to re-establish stability to the school. More recently, there has been a significant shift with schools addressing the needs of students affected by a traumatic event (Peterson & Straub, 1992; Pitcher & Poland, 1992). Critical incidents seen as likely to affect schools now include murder, violence, serious assault, terrorism, suicide and serious accidents (Department of Education and Training, 2001; Johnson, 2000; Poland &
McCormick, 2000). Incidents such as these threaten the security and stability of a school community (Johnson, 2000; Pitcher, & Poland 1992).

The 1990s saw school crisis intervention, which had previously been carried out by external mental health professionals who were unfamiliar with school procedures being replaced by school district personnel (Johnson, 1993). School districts in the U.S. around this time also started to develop their own school crisis teams. However, schools still needed to follow up with referrals to mental health professionals because they have clinical expertise (Johnson, 2000).

In more recent times there has been increased political and public interest in school crisis management and yet a number of the practices documented lack empirical research (Nickerson & Zhe, 2004). However, Nickerson and Zhe reported that the recommended crisis prevention practices such as violence prevention programs and intervention practices such as providing psychological first aid in the majority of publications are very similar. Vernberg et al. (2008) pointed out that from a review of the trauma literature some of the widely used techniques and programs have been questioned and no clear alternative offered, thus stating that the best intentions do not always lead to the best outcomes. One school crisis intervention practice recommended that has recently come under scrutiny is the practice of psychological debriefing of school populations (DeVilly & Cotton, 2003; McNally, 2004; Rose, Bisson, Churchill, & Wessely, 2002).

3.7 Psychological Debriefing

Psychological debriefing was originally developed in the 1970s for the management of critical incident stress experienced by emergency service personnel to mitigate worker’s stress, but it has been used in many settings, including schools, as a
standard crisis intervention practice (Everly & Mitchell, 2000). More recently it has been argued that procedures such as psychological debriefing may not be appropriate for providing support to school communities affected by critical incidents (Jackson, 2003). Stuhlmiller and Dunning (2000) stated that debriefers have “hidden behind the disease model” and see trauma as a disorder with the “illness” worsening if not “treated by debriefers” (p.313). Stuhlmiller and Dunning further contended that practitioners have not kept pace with changing paradigms for trauma treatment that emphasise “wellness over illness” using brief intervention when required, optimistic messages and strong social supports. Wraith (2000) pointed out that in 1996, a year after the Port Arthur massacre in Tasmania, a primary school district in another State decided on a debriefing for all children. Wraith also stated that for many members of these school populations this systemic approach generated acute stress and distress. Further Wraith argued that there are some very concerning stories about the use of group debriefing with children. Wraith cited an example of a case that involved a school debriefing program. Following the death of three 11 year old children as a result of a transport accident off the school site, children aged 5-7 years who did not know the children who had been killed and had not witnessed the accident were debriefed as part of a class debriefing. Parents of some of the children reported that from the debriefing problems such as clingingness, frightened responses, sleep problems had emerged. Wraith further stated that models of group debriefing for children have not been “developed, tested or evaluated”. It is therefore important that school counsellors develop an understanding about the harm that can result if the practice of debriefing is used with children and adolescents.
3.8 School Counsellor Roles and Responsibilities

The role of the school counsellor has historically been defined by societal changes, legislative changes and changes introduced by Education Departments. In more recent times, schools have begun to rely on school counsellors to provide crisis work and this work has been identified as part of the school counsellor’s role (King, Price, Tellijohnn, & Wahl, 2000). In a study carried out by Nickerson and Zhe (2004) school psychologists reported that their involvement in school crises was mostly related to crisis prevention and intervention work, with very little involvement in evaluation practices. Borders (2002) pointed out that school counsellors are frontline mental health professionals who provide support to students and their families devastated by tragic events. Brock (2002) stated resources such as Pitcher and Poland’s (1992) book “Crisis Intervention in the Schools” provided a sound approach in relation to school response to critical incidents and importantly discussed the emergence of school crisis teams. A recent study of 370 school psychologists carried out by Bramlett et al. (2002) suggested the role of the school psychologist had been impacted on by the increase in school critical incidents. Additionally, findings showed almost half of the respondents indicated that they had experienced significant involvement as a member of a school crisis team.

To date, there have been limited studies that have examined the role of school counsellors in crisis management practices. Brock (2002) suggested that media reports on school crises nowadays will often state that school counsellors will be available to support distraught students. Additionally, Poland and McCormick (2000) reported that school counsellors must take care of their own physical and emotional needs and would need to be supported by colleagues. Those engaging in crisis work
by virtue of their close contact with victims can be indirectly traumatised themselves. School counsellors affected by traumatic stress can experience decreased optimism and “lose faith in the usefulness of their work” (Johnson, 1993, p. 122). It must also be acknowledged that if a school counsellor is unable to do crisis work this needs to be respected and should not be questioned (Poland & McCormick, 1999).

3.9 School Crisis Management Planning

Poland and McCormick (1999) reported poor school crisis responses from schools not adequately planning for crises. In addition, Poland and McCormick pointed out that school crises will continue to happen, and whilst some school crises can be prevented, there will inevitably be serious incidents affecting school populations on a frequent basis. Given that school crises can occur any time with varying degrees of severity (Decker, 1997) school administrators should be prepared to respond to a variety of possible situations that would constitute a school crisis. Stevenson (2002) argued that a school crisis is any situation with potential risk to the physical or emotional safety and wellbeing of the students. In addition, Decker (1997) stated schools should be prepared for potential crises and that schools should develop a crisis management plan. Further, according to Poland and McCormick (1999) planning that is done prior to a traumatic event can decrease the level of chaos when a crisis occurs.

Until recently, school crisis management plans were largely based on the Emergency Services Displan model which was developed to provide immediate medical and safety responses by emergency personnel to incidents such as floods, fire, landslides (Graham, Shirm, Liggin, Aitken, & Dick, 2006) and serious accidents (Johnson, Casey, Ertl, Everly, & Mitchell, 1999). Given the much publicised school
shootings in the U.S. attention has focused on directing school crisis management plans to include management of wider range of traumatic events likely to impact on a school community (Johnson, 2000; Sandoval & Lewis, 2002). Importantly, there is an expectation that schools will have developed a school crisis management plan that involves regular communication and input from key stakeholders such as emergency services personnel (Dwyer & Jimerson, 2002). Poland and McCormick (1999) argued that when a school crisis occurs, the school administrators set the tone of the response. Principals need efficient assistance and support in times of crises (Pitcher & Poland, 1992). School based response teams, including mental health professionals, help to restore the equilibrium within the school environment when a school suffers a traumatic event (Brock, 2002; Brock, Sandoval & Lewis, 2001; Caplan, 1964). Planning for school crises/disasters involves using a multifaceted approach that typically includes ensuring safety, responding to medical needs, psychological first aid and working with the media (Brock & Poland, 2002).

School crisis management plans in the United States have largely seen a major shift in expectations of schools to develop comprehensive plans following school shootings and terrorist attacks. Nowadays, school crisis management plans need to identify response/recovery processes that will be activated in the event of both natural and man made disasters including mass casualties. Bramlett et al. (2002) suggested that the increase in critical incidents has seen a more systemic focus on schools developing crisis management plans. Poland (2002) argued that school administrators need to review their crisis plans and coordinate with emergency services.
3.10  Preparedness for Dealing with School Crises

Timeliness of support for students during and following a critical incident is significant. If students are not assisted with some resolution, disorganisation and potential developmental problems may result (Peterson & Straub, 1992). Emotional support must be provided to students immediately (Poland & McCormick, 1999). Thompson (2004) pointed out that every school needs a plan that includes a step by step process that will “prevent panic” and identify a “referral network” for members of the school community in need of services (p. 49). Lack of developing a school crisis management plan can undermine educational objectives and in addition can place students at risk of harm (McEvoy, 1998).

Columbine High School in Littleton, Colorado did not have a crisis management plan prior to the mass shooting at the school in 1999 (Graham et al., 2006). The Governor’s Columbine Review Commission Report (2001) identified that the special weapons and tactics teams that responded to the mass shooting had not considered a school based scenario as part of their training as they believed it was “too far fetched” for a training scenario. The Review Commission Report highlighted significant problems such as response teams with limited knowledge of the layout of the school and technical problems with fire alarms which may have interfered with radio communications. The Review Commission Report recommended that schools develop a crisis management plan that is coordinated with police and other emergency response agencies. The school health and community mental health systems also needed to address psychosocial needs of children following a critical incident and this is an area requiring further study (Graham et al., 2006).
School crisis management plans are not mandatory in Australia, but it is expected by Education Departments in each of the States and Territories that each school develops their own crisis management plan (M. Roberts, personal communication, September 6, 2007). Schools have both a legal and moral obligation to provide students and staff with crisis response and recovery strategies following a traumatic event (Decker, 1997; Johnson, 2000).

Given that there has been a noted increase in violence and terrorist activity in countries around the world including the United States, Russia and the United Kingdom, Australia needs to acknowledge it could be confronted by similar devastating and traumatic events.

3.11 Understanding School Community Crisis Intervention

Crisis interveners need to have a thorough understanding of traumatic response, likely child and adolescent reactions to grief and trauma, and possible reactions from members of the wider school community. An individual child or adolescent response to a traumatic event will vary according to their developmental stage, along with the nature and severity of the event (Pynoos & Nader, 1993; Silverman & La Greca, 2002; Stevenson, 2002). Poland (2002) stated that in the United States, in light of the tragic school shootings and terrorist attacks, crisis interveners must not underestimate the short term or long term effects of a crisis on members of a school community. In addition, a disaster such as Hurricane Katrina (U.S.) is a reminder of the disruption to people’s lives that involve death and destruction causing “emotional upheaval” (Vernberg et al., 2008). Vernberg et al. contended that currently we do not have strongly validated intervention protocols for responding in the initial hours or days following a large scale traumatic event. They
do however suggest that there are sufficient evidence based principles on which to establish specific recommendations. These are identified under eight core actions: contact and engagement, safety and comfort, stabilization, information gathering, practical assistance, connection with social supports, information on coping, linkage with collaborative services and handouts. Additionally, Benedek and Fullerton (2007) stated that Hobfoll and colleagues, a group of mental health experts, met to determine consensus on broad concepts of disaster intervention approaches. Benedek and Fullerton pointed out that Hobfoll and colleagues suggested that disaster response interventions at an individual, community and public policy levels should include the following five elements: safety, calming, efficacy, social connectedness and hope. These elements provide the framework for a public health approach to disaster that incorporates the psychological first aid programs that have emerged in recent times. Benedek and Fullerton argued that these principles have increasingly gained recognition in the mental health community. However, Benedek and Fullerton pointed out that if these principles are to become the foundation of immediate and mid-term intervention they must become familiar, understood and accepted by a broad range of disaster responders including school teachers, clergy and parents. Dissemination of information reflecting knowledge from disaster response research which has been condensed into the five guiding principles is the first step in the crisis intervention process.

3.12 Crisis Intervention Training of School Counsellors

As has been previously stated, school counsellors are increasingly required to provide support and intervention strategies in schools following a traumatic event. Johnson (1993) pointed out that crisis response team members must undertake
specific training in order to have well coordinated crisis intervention. Additionally, Johnson suggested if carried out properly, school crisis intervention can assist with containing the crisis and additionally minimise long term effects on a school community.

Similarly, Nader (1997) argued that one of the most important aspects of intervention following a traumatic event was the training of those who are providing the intervention. A study carried out in the United States by Wise, Smead and Huebner (1987) was the first known study to survey 193 school psychologists in relation to crisis intervention training. The results showed that only 8% of school psychologists had completed an academic course covering crisis intervention. A more recent study carried out by Allen et al. (2002) surveyed 276 school psychologists in relation to university preparation of crisis intervention training. Findings indicated 37% of respondents reported having undertaken university coursework on crisis intervention. Additionally, of those who had undertaken university crisis training pre service 58% indicated that they were minimally or not at all prepared to deal with school crises.

The provision of appropriate intervention in relation to a school crisis situation or a critical incident requires knowledge of crisis intervention theory, crisis assessment and psychological first aid (Brock, 2002; Greenstone & Leviton, 2000).

Hoff (1995) included effective communication as a required skill for crisis work and Nader and Muni (2002) further suggested effective crisis intervention requires care in ‘attitude and approach’ towards individuals in crisis. There is general consensus about the importance of crisis intervention training skills (Greenstone & Leviton, 2002; Johnson, 2000; Pitcher & Poland, 1992). Paisley and McMahon
(2001) pointed out that school counsellors need to develop specific skills to effectively carry out their role. Kline et al. (1995) suggested that motivation to learn about crisis intervention includes recognition that there is a likelihood of a crisis occurring, and the importance of the role of crisis interveners. Training is also likely to be effective if undertaken when using conditions that simulate an actual crisis. Kline et al. further contended that training sensitises school personnel to the effects of trauma.

Decker (1997) noted that: “There are very few crisis situations where the Guidance Department will not play a significant role with students, parents, staff and the community” (p. 24). There have been limited studies published focusing on school crisis intervention training for school psychologists. As previously mentioned, authors in the field of school psychology have identified a movement away from the traditional role of mostly providing assessment and behaviour strategies with the recent inclusion of crisis prevention and intervention (Brock et al., 2002; Poland, 1994) and yet there are still significant numbers of school counsellors that are not trained for this aspect of their professional role (Allen et al., 2002; Wise et al., 1987). Pitcher and Poland (1992) also argued that many professionals working with children following a traumatic event are not trained in school crisis work. More recently, Ko et al. (2008) suggested that children and adolescents exposed to traumatic events are helped by agencies, including educational settings, in their recovery. Ko et al. further contended that school staff, including school psychologists and social workers, typically received little formal training about the impact of trauma and ways to assist traumatised children.
A study by King et al. (1999) using a random sample of 186 high school counsellors examined the respondents’ perceived professional ability to recognise students at risk of suicide. Findings indicated that whilst 87% of counsellors reported they believed it was part of their role to identify students at risk for suicide, only 38% indicated that they believed they could do so. King et al. acknowledged there was a need for school counsellor training programs to include preparation of school counsellors for suicide prevention and intervention.

Further, Greenstone and Leviton (2002) suggested that school counsellor training in crisis intervention must include strategies for self care because neglect of personal needs when engaging in crisis work may interfere with effectiveness.

3.13 Inclusive Training

Johnson (2000) pointed out that school staff, as trusted members of a school community, should be trained in the practical aspects of crisis intervention specific to school communities. In the aftermath of a traumatic event that impacts on a school population strong leadership by the Principal is critical to the recovery of the school environment (Nader & Pynoos, 1993). In addition, active participation by all members of the school community is the driving force towards recovery (Ronan & Johnston, 2005). Johnson (2002) argued that during the terrorist attack on the World Trade Centre in 2001, communication was significantly disrupted; many of the emergency services were unable to assist the school populations affected due to the significant number of dead and injured as the immediate priority. A number of schools were required to evacuate and deal with distressed school populations. School staff had to manage students with little direction and school crisis teams were besieged. As a result of this large scale incident Johnson (2002) outlined the need for
new directions in school crisis management including the expansion of administrative consultation and training with the development of multi agency crisis teams.

3.14 Potential for Litigation

It is necessary to consider the potential for litigation in today’s society. Issues that may apply to crisis interveners include negligence, informed consent and confidentiality (Greenstone & Leviton, 2002). Poland and McCormick (1999) described the ‘inevitability’ of litigation following a large scale school critical incident if a school does not respond in an appropriate manner. Poland and McCormick suggest that schools must have school crisis plans in place and document activities that would provide a measure of protection.

There have been a number of cases where parents have sued schools following a critical incident. For example, the case of Eisel v Board of Education of Montgomery County (1991) in the United States, whereby a student, Nina, involved in Satanism and who had an obsessive interest in death told a number of friends she was going to kill herself. Her friends reported this to a school counsellor (at another school) who informed the school counsellor at Nina’s school. Both school counsellors met with Nina and she denied saying she was going to kill herself. Neither of the school counsellors told Nina’s parents or the staff at Nina’s school of her suicidal threats. A week after Nina told her friends of her intent to kill herself, she and another girl carried out a murder suicide. Nina’s father filed for negligence against the school counsellors based on failure to inform him of his daughter’s threats of self harm. The court determined that the school counsellors have a duty to use reasonable means to attempt prevention of suicide. The school counsellors were viewed as having little
discretion about contacting parents once they were informed of a potential suicide (Jacob & Feinberg, 2002).

This case highlights just one example of the need for policies that recognise a school’s professional ethical and legal responsibilities. The case example cited above has identified the critical importance of notifying parents where a student expresses suicidal thoughts. Schools that do not engage in such practices risk being held liable. School counsellors (school psychologists and social workers) need to have a clear understanding of their ethical professional and legal responsibilities. In Australia, The Australian Psychological Society’s Code of Ethics (2007) for psychologists states psychologists must disclose information obtained during provision of psychological services if there is immediate or specified harm to a person or persons that could be averted by disclosing, or where there is a legal obligation (p.15).

Chapter 3 has provided an overview of crisis response specific to the school setting. Firstly the heightened awareness of school crises was identified, secondly an Australian context for traumatic events was provided. In addition, school crisis management practices were examined, including crisis responses. Further, school crisis planning and preparedness was discussed. School community crisis intervention and school counsellor crisis intervention training was examined and lastly the potential for litigation was described.

Chapter 4 discusses child and adolescent trauma including the historical context, Acute Stress Disorder, Post Traumatic Stress Disorder, the effects of trauma on children and adolescents and additionally, child and adolescent trauma reactions in the context of attachment theory, social development and different developmental stages. In addition, crisis intervention specific to children and adolescent is discussed.
Chapter 4: Child and Adolescent Trauma

Historically, not enough attention was given to the possible reactions that children and adolescents might have in response to a traumatic event. Children and adolescents manifest different reactions to trauma compared to adults. This chapter will examine the effects of childhood trauma and child and adolescent reactions to trauma.

4.1 Defining Childhood Trauma

Childhood trauma as defined by Terr (2003) refers to “the mental result of one sudden, external blow or a series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defense mechanisms” (p. 323). Terr argued that childhood trauma originates from external sources and once the trauma occurs, internal changes in the child occur. These changes are often long lasting. Terr (1991) proposed the existence of two types of childhood trauma, Type 1 and Type 11 trauma. Terr suggested that children suffering from Type 1 traumatic conditions are the result of “unanticipated single events” (p. 14) external to the child. Further, Terr pointed out that a single traumatic event can result in children exhibiting symptoms including detailed memories, reasons and misconceptions. Terr contended that Type 11 trauma is the result of long standing or repeated exposure to extreme events that are external to the child. Type 11 trauma responses can include denial, numbing repression, and dissociation, which are described as typical defense mechanisms. Additionally, Terr pointed out those children who experience Type 11 traumas will often ‘forget’ periods of their childhood. Those children exposed to Type 11 trauma can present with disorders including conduct disorder, dissociative disorder or depression (Terr, 1991).
4.2 Historical Context of Childhood Trauma

There have been a limited number of studies identified from the 1950s to the 1970s that examined the effects of trauma on children who were involved in war, violence and natural disasters. These earlier studies supported the contention that clinicians often denied that children could potentially be affected as a result of a traumatic event (Eth & Pynoos, 1985; Raphael, 1986). Most of these studies minimised or dismissed child reactions to traumatic events and relied heavily on parental responses to their child’s reactions, shying away from children’s real experiences (Eth & Pynoos, 1985; Raphael, 1986; Terr, 1990). Furthermore, there was a reluctance to acknowledge psychological and psychiatric problems children may experience as a result of trauma due to a difficulty by some professionals to accept that traumatic events caused by adults might “colour and shape” the lives of children (Benedek, 1985). One such study in the 1950s identified by Benedek investigated reactions of children exposed to the bombings in England during the Second World War (1939 – 1945). Two months after the bombings, mothers were asked to fill out a questionnaire about their children’s reactions. Of those interviewed responses included: increased dependency and desire to stay close to parents; nightmares; specific event related fears; regression; event related themes in play. Findings from the study indicated that children’s wellbeing was directly related to parent wellbeing. The parents’ reactions to a traumatic event influenced the reactions of their children (Benedek, 1985; Frederick, 1985).

The first study of the psychological after effects of childhood trauma was in 1956 following the 1953 tornado at Vicksburg, in Mississippi. A movie theatre running a children’s matinee was swept through by a windstorm killing several
children and terrifying many of the children present. However, the Vicksburg study
gave only a limited understanding of the nature of the child trauma as the researchers
did not interview any children, only parents. According to Terr (1990) the
conclusions drawn were similar to those drawn from previous studies which
suggested that following a traumatic event, if the parents were nervous then their
children would also be nervous. Terr argued that conclusions reached by researchers
at this time, reflected assumptions from parent self-reports rather than the children’s
“real” experiences.

Studies of childhood trauma carried out post the Second World War shifted
the emphasis from war and disasters and mostly revolved around childhood life
stresses. Researchers found that most children experiencing life challenges such as
parental marriage difficulties, parents suffering from major mental illness or exposure
to social disruption displayed resilience. The emphasis of this research was on
children’s short term reactions. However, a child’s life stresses are different from
childhood psychological trauma. Stress is an anticipated part of life, traumatic events
evoking psychological trauma are not (Terr, 1990). During the 1970s and 1980s
studies of childhood trauma took on a new meaning and began to recognise a longer
term impact of trauma. Terr (1990) argued that in the 1970s two studies of childhood
trauma provided a breakthrough in understanding childhood trauma.

The first study recognising childhood trauma was in 1966 when researchers
examined reactions of children after a slag heap collapsed a mountain in Aberfan,
Wales and destroyed a primary school, killing 116 children and 28 adults. The
researchers examined comments documented by the psychiatrist following visits with
56 child survivors. The psychiatrist’s descriptions of his patients included: some as
melancholic, some as participating in monotonous play, some as oddly behaved and some with changes in personality. Findings from this study required psychiatrists to change direction in their thinking about the effects of a traumatic event on children (Terr, 1990).

A second study cited by Terr (1990) as significant in the development of understanding of childhood trauma related to research carried out following the collapse of a slag dam on Buffalo Creek, West Virginia sending a flood of muddy water through a valley town and killing 125 people. A professor of psychiatry from the University of Cincinnati interviewed 11 children who had witnessed the event. Several of those interviewed had lost a family member or a friend. The professor described the children’s gloomy outlooks, continual mourning, sense of loss and disturbing dreams of death and disfiguration. The findings from this study were consistent with previous studies that found that anxious mothers were associated with anxious behaviours exhibited by their children.

Prior to the 1970s psychological trauma was not the major focus following a traumatic event and intervention tended to concentrate on providing food, clothing and reconstruction activities (Pitcher & Poland, 1992). The two studies described above initiated a change in thinking. Children were recognised as having reactions to traumatic events and consequently that they would benefit from treatment. Psychiatrists did not know how traumatic events would affect children over time, but the new information led to changes in the accepted wisdom about how traumatic events affect children (Terr, 1990).

A large scale study carried out by Terr (1990) over five years also contributed to an understanding of how children are affected by traumatic events in the long term.
Terr’s longitudinal study was based on reactions of 26 children who were kidnapped from Chowchilla, near California in July, 1976. The children were buried alive. Two of the boys managed to dig their way out and made it possible for all the children to escape. In August, 1976, a child psychiatrist from the local mental health centre addressed parents and predicted that out of the 26 children, only one would be affected. Terr (1990) stated that it was unknown as to how the child psychiatrist made this prediction. In December that same year, Terr carried out interviews with 23 children, interviews with families and provided brief treatment for children. Four years later, Terr spent nearly a year doing a follow up study, re-interviewing children exposed to the traumatic event and interviewing a control group of “normal” children.

Results from Terr’s (1990) five year study, showed that all of the 26 children were affected by the kidnapping. Terr’s findings included children recalling experiences such as fear of helplessness, fear of another event, fear of being separated from family and fear of death. Terr’s (1990) study of the psychological reactions of children kidnapped and buried alive influenced and shaped current understanding of children’s reactions to trauma. Further studies highlighted by Raphael (1986) included McFarlane’s Australian study of children’s reactions following bushfires also found that children were fearful for some months following the traumatic event. Teachers believed the children did not have ongoing fears and yet McFarlane observed that when a fire alarm went off during a school session, some children cried whilst others showed signs of general distress (Raphael, 1986). In addition, Raphael pointed out that studies of child responses carried out during riots such as those in Belfast, found that children were more distressed when separated from home than those that remained in immediate danger. Traumatic events such as those described
are often of high intensity and can vary in duration from acute to chronic (Ursano et al., 1994). Evidence suggests that a majority of children exposed to disasters will experience time-limited fears and/or behavioural problems with parent reactions and social support important factors attributed to a child’s reaction (Pitcher & Poland, 1992).

4.3 Effects of Traumatic Events on Children and Adolescents

Traumatic events affect individuals in different ways. A child or adolescent’s recovery from trauma is influenced by a complex set of actions and interactions. Trauma specific factors include the severity of the traumatic event, the horror experienced, the extent of loss of human life and the recurrence of trauma reminders (Nader & Pynoos, 1993). Nader and Pynoos pointed out that even though child and adolescent reactions are primarily related to exposure to the traumatic phenomena, the recovery of the adult community will affect the recovery of children and adolescents. Three critical external factors that affect children and adolescents are: 1) community recovery, 2) multiple adversities, 3) family disorder and confusion (Nader & Pynoos, 1993). Developmental issues will influence a child or adolescent’s experience, symptom presentation, behaviour and course of recovery. Nader and Pynoos stated that these developmental influences in turn affect a child or adolescent’s appraisal of the traumatic event, emotional and cognitive coping mechanisms, the ability to manage reactions and life changes.

Parental support is critical to the recovery of children and adolescents (Poland & McCormick, 1999). In adults, a crisis reaction is the individual’s physical response based on instinct and his/her emotional response is heightened by their physical response (Poland & McCormick, 1999). Additionally, Terr (1990) pointed out that
denial is sometimes seen in adults, but the tendency is that children do not deny reality and will often provide vivid detail of a traumatic event.

According to Raphael (1986) children exposed to traumatic events are usually with adults such as parents or teachers, and they respond to being protected by these adults. In most cases, reactions of children and adolescents are “normal”, particularly if supported by caring adults (Raphael, 1986). Additionally, Goldman (2005) argued that children can increase their resilience and their ability to understand traumatic events with the help of caring adults who “provide safety, protection, hope and optimism amidst adversity” (p.5). Parents and professionals too often attempt to “fix” problems during challenging times rather than taking on the responsibility of enhancing child and adolescent ability to cope and overcome adverse situations (Goldman, 2005). Being exposed to a traumatic event is a relatively common occurrence for most people during their lifetime. Approximately 50-65% of people in Australia and overseas who were surveyed reported exposure to a traumatic event (Australian Centre for Posttraumatic Mental Health, 2007). Potentially there are many children who have also been exposed to trauma.

Parents when threatened by difficult situations can feel inadequate with regard to providing for their child’s safety. By empowering children to be part of the family who together explore and live through challenging times, children are allowed to express their feelings, work through creative solutions and thus can become resilient. Being resilient means that children and adolescents can develop coping strategies and problem solving that will assist them with adapting to traumatic events. Goldman (2005) refers to “resilience” as the resources that individuals use to cope with difficult situations and their ability to “bounce back”. Parents and educators can contribute by
facilitating child and adolescent positive adaptation to adverse situations (Goldman, 2005).

Research prior to the 1990s identified those directly impacted by a crisis (primary victims) as likely to experience traumatic reactions. However, individuals who are close friends or relatives (secondary victims) of primary victims, or those who witness a violent act can also be “markedly distressed” (Figley, 1995). Gurwitch, Sitterle, Young, and Pfefferbaum (2002) pointed out that the effects of terrorism extended beyond the primary victims and include both secondary (helpers) and tertiary victims (relatives and friends). There appears to be a lack of consistency in the school crisis literature in relation to secondary and tertiary victims. In the context of the school setting, children, adolescents and school staff can often be affected by a traumatic event due to the fact that they can be closely associated with primary victims. Garland (1999) noted that individual vulnerabilities are extremely important as individuals have their own history and shape their internal world thus making them more or less vulnerable to a specific traumatic event. This vulnerability is the interaction of objective and subjective reality.

The effects of trauma on a child or adolescent will be moderated by developmental stage, chronological age, proximity to the traumatic event, coping mechanisms, support networks, parent reactions, personality of the individual and their relationship with the victim (Johnson, 1998, 2000; Pfohl, Jimerson, & Lazarus, 2002). For the majority of children, their response will be “time limited fears and behaviour problems” (Auerbach & Spirito, 1986, p.194). Children’s responses to crises are further defined by factors such as their subjective appraisal of the event. For example, it is important for those providing crisis interventions to understand that a
child may not see being held at gunpoint as threatening because they may not fully comprehend the potential danger (Brock, 2002). Additionally, whilst developmental immaturity can be seen as a protective aspect in the initial stages of an event, once it is perceived by the individual as threatening, the younger the victim the greater the traumatisation (Carlson, 2000).

According to Brock (2002), school age children who have good cognitive skills may be more able to problem solve and protect themselves. Conversely, developmentally younger victims of a traumatic event may require greater assistance and be seen as a higher priority. According to Goldman (2005) three important factors that contribute to a child’s resiliency are: “their perception of and involvement in the world, the social support and resources available to them, and the coping strategies accessible to them” (p. 242). In addition, those who have experienced traumatic events that were similar to a present crisis situation are increasingly vulnerable to traumatisation during and following a new traumatic event (Nader & Pynoos, 1993). The responses of children will also reflect their pre trauma experiences and coping mechanisms. Further, a child’s coping skills following exposure to trauma have also been found to correlate with their parents’ coping skills. In other words, if parents are distressed, their child/children will most likely become distressed (Aptekar & Boore, 1990). It is critical that school children are supported with the knowledge that it is ‘okay’ to react to a traumatic event with feelings such as sadness, devastation, fear, anger and guilt. Furthermore, individuals with strong social supports and networks such as friendships, positive adult role models and positive school experiences are likely to have lower levels of acute distress than those without supportive networks and positive experiences (Brock, 2002).
In some cases, childhood trauma can contribute to the development of mental disorders in children. Carlson (2000) points out three elements must be present for the event to be determined as traumatising: extreme negativity, sudden onset and uncontrollable. It needs to be recognised that a small percentage of children may go on to develop symptoms that will require assessment for Acute Stress Disorder (ASD) or Post Traumatic Stress Disorder (PTSD). ASD and PTSD are trauma specific psychological reactions that develop in some people following a traumatic event (Australian Centre for Posttraumatic Mental Health, 2007).

4.4 Acute Stress Disorder and Posttraumatic Stress Disorder

The effects of child and adolescent trauma include, but are not limited to, mental disorders such as ASD and PTSD. ASD diagnosis is characterised by re-experiencing, avoidance, increased arousal and significant distress, causing impairment of functioning. There must be evidence of at least three dissociative symptoms such as detachment, reduced awareness, depersonalisation or inability to recall important detail of the trauma (DSM-IV-TR, 2000). These symptoms are experienced during or immediately following the event and typically last for two days to one month. The distinctive factors defined as determinants for the likelihood of developing ASD are severity, duration and proximity (DSM-IV-TR, 2000). PTSD requirements include exposure to an extreme stressor that is characterised by three main groups of symptoms, specifically: re-experiencing, avoidance and emotional numbing, and hyperarousal. These symptoms must be present for more than one month and be accompanied by significant distress or impaired functioning (DSM-IV-TR, 2000). Approximately 5% of people (adults) in Australia have had PTSD at some time in their lives (Australian Centre for Posttraumatic Mental Health, 2007).
The prevalence of children at risk of PTSD in the United States is estimated at between 3% and 100% (Frederick, 1985).

Identification of the effects of psychological trauma involving clinical symptoms such as hyperarousal, reexperiencing and phobic avoidance following severe exposure to trauma was reported as early as the 1600s, with an account from the diary of Samuel Pepys who was involved in the Great Fire of London in 1666 (Daly, 1983). These clinical symptoms were among those identified under the adult diagnostic criteria in the Diagnostic and Statistical Manual, DSM-111’s (1980) newly attributed disorder in 1980, namely Post-Traumatic Stress Disorder.

4.5 Adult Trauma

Valent (1998) cited the First World War as an important time in relation to the recognition of “traumatic neuroses of war” relating to soldiers exposed to traumatic events. At the end of the First World War, there were a high number of deaths that were identified as death related to psychological causes. This led to acknowledgement that war stress was in fact responsible for the ‘war neuroses’ identified by soldiers, thus allowing them to seek psychological treatment as opposed to punishing those psychologically afflicted. Valent (1998) described Kardiner’s interpretation of sensory, behavioural, emotional and somatic symptoms in which he emphasised them as meaningful, even to the unconscious state. Other studies that examined psychological and psychiatric trauma prior to the 1970s mostly reported findings relating to responses and reactions of adults.
4.6 Recognition of Child and Adolescent Trauma

Results from Terr’s (1990) longitudinal study of the Chowchilla kidnapping showed that some children manifested symptoms consistent with PTSD. Some symptoms such as fear and helplessness were similar to the adult diagnostic criteria for PTSD, DSM-111 (1980). However, child specific adaptations to the criteria were needed. Whilst individuals may develop a range of psychological problems as a result of a traumatic situation, PTSD relating to trauma specific reactions can develop following significant traumatic events such as violence, war, abuse, and transport accidents. PTSD diagnostic criteria must be met by individuals during the assessment phase which requires symptomatology with emphasis on avoidance to have been present for at least one month for the diagnosis of PTSD (Australian Centre for Posttraumatic Mental Health, 2007). However, it was not until the release of the DSM-111-R in 1987, that under the diagnostic features of PTSD, two “child” modifications were introduced. The first criterion referred to “repetitive play” by children using themes expressing in some way the trauma they had suffered. The second criterion could be identified in children as the loss of a recently learned developmental skill, for example, toilet training (Eth, 2001).

With the release of the DSM-1V (1994) the stressor criterion (Criterion A1) was revised from the original descriptor of a traumatic stressor that is outside the range of usual human experience and would be markedly distressing to almost anyone. The newly devised descriptor for the stressor criterion (Criterion A1) states that the traumatic stressor for an individual must essentially have involved actual or threatened death or a serious injury and for Criterion A2 the response must denote intense fear, helplessness or horror. The DSM 1V (1994) states that for children,
Criterion A2 could be met if the traumatic stressor indicates a child’s response involves disorganised or agitated behaviour. Additionally, the adult diagnostic criterion required in relation to depicting distressing dreams of the trauma (reliving the experience) could be met if a child’s response was observed through repetitive play (Eth, 2001). Scheeringa, Wright, Hunt, and Zeanah (2006) argued that children under the age of seven do not attain the DSM-IV (1994) threshold of three Criterion C items. These findings question the appropriateness of using Criterion C as it is in the DSM-IV (1994) as a diagnostic criterion for young children.

The DSM-IV-TR (2000) has further attempted to provide for differences in child and adolescent symptomatology in relation to reexperiencing (Criterion B); avoidance (Criterion C); and hyperarousal (Criterion D). Unlike adults, child and adolescent responses to traumatic events are likely to alter as they develop cognitively, behaviourally and emotionally (Nader & Pynoos, 1993; Yule, Perrin, & Smith, 1999; Terr, 1991).

4.7 Child and Adolescent Reactions to Traumatic Events

Eth and Pynoos (1985) pointed out that there are both similarities and “age dependent” differences in reactions to trauma that are based on child/adolescent stages of development. Eth and Pynoos (1985) investigated early reactions of children who had witnessed the homicide of a parent. Findings concluded that all of the children interviewed reported being “haunted” by the assailant’s “loss of impulse control”, the mutilating of the victim, the victim’s helplessness and also that of the witness (p.28). Senses, arousal and sensations were reportedly experienced by the children. It has been concluded that the murder of a parent leaves a permanent disturbance in a child’s life (Eth & Pynoos, 1985). Witnessing the homicide of a
parent invokes both trauma and grief. Trauma as has been stated results from a traumatic event that is “extraordinary” to usual human experiences, presenting an overwhelming capacity to evoke intense fear and helplessness. Grief results from the death of a loved one and evokes psychological suffering. This necessitates understanding that while trauma and grief can both involve loss, grief is a life cycle event and is rarely time limited with life going on and grief becoming a part of it. The intensity of a person’s grief may lessen with time and the meaning may change, however the mourner’s life will never be the same (Silverman, 2000).

According to Brom and Kleber (2000) the study of grief has developed mostly independently of studying trauma, with the field of grief less connected to psychiatry. Van der Hart, Brown, and Turco (1990) contended that “Traumatic grief occurs when psychological trauma obstructs mourning” (p. 263). Van der Hart et al. further stated that traumatic grief following sudden death of a significant other has similar features to posttraumatic stress disorder symptoms such as nightmares and fear of death. Van der Hart et al. argued that the traumatic symptoms should be addressed first to allow for the grief process to take its course. According to Raphael (1999) the immediate response to those both psychologically traumatised and bereaved should include providing safety, comfort and support. Brom and Kleber (2000) pointed out that the nature of a traumatic event, in addition to personal and environmental aspects needs to be considered in order to understand the content of the coping process. Silverman (2000) pointed out that children construct their own meaning of death and the support from a parent is critical to their adaptation and coping with the loss.

As previously mentioned, observations of extreme adult reactions to a traumatic event have the potential to elevate a child’s response (Brock, 2002).
Additionally, Brock pointed out that crisis intereners need to be aware that due to a child’s developmental immaturity, a threatening situation for some may appear non-threatening. Effective crisis intervention also involves providing the opportunity for children and adolescents to process the event according to individual perceptions of the event and to restore coping mechanisms with effective support (Johnson, 1989).

During and following a traumatic experience, most children and adolescents are likely to be distressed. They need to feel safe and supported. Yule et al. (1999) pointed out the need for reuniting children and adolescents with family as soon as possible. They further contended that immediately following a traumatic event, children may experience repetitive intrusive thoughts. Yule et al. also suggested that sleep disturbances are common during the first few weeks following the event. In addition, a number of problems children and adolescents typically experience include separation anxiety, anger, irritability, difficulties concentrating and they may also experience “survivor guilt” (Yule et al., 1999). Children might lose interest in activities, display regressive behaviour and possibly aggressive or destructive behaviour whilst adolescents may become depressed and have thoughts of suicide or self harm. Younger children are more likely to exhibit reactions through play, drawings and/or storytelling that highlight their traumatic experiences (Terr, 1991; Yule et al., 1999). Adolescents are more likely to exhibit reactions through self destructive behaviours such as substance abuse and delinquency (Newman, 1976). Those undertaking crisis work with children and adolescents need to have an understanding of child and adolescent development to assist them to express their distress (Yule et al., 1999). Parents and those working with children and adolescents play an influential role in fostering their problem solving skills and choice making
Additionally, it is important that those working with children and adolescents listen to them explain their experience rather than to assume their experience based on their age (Pfohl, Jimerson, & Lazarus, 2002). However, Raphael and Wilson (2000) pointed out that talking to children and adolescents in a group can be ‘potentially negative’ if there are differences within the group. For example, some individuals experiencing limited exposure to a traumatic event could become traumatised by what individuals who had experienced greater exposure presented as an account of what happened. Further, Wraith (2000) questions the appropriateness of debriefing with children, and pointed out that children exposed to a traumatic event often have limited prior experience of critical incidents and it is important to avoid any practice with children that may be potentially harmful.

Psychic trauma, the result of experiencing a traumatic event, and the likelihood of an event impacting on children, as previously mentioned, has gained significant recognition in recent years (Vogel & Vernberg, 1993). Eth and Pynoos (1985) defined “psychic trauma” as the reaction an individual has when exposed to an “overwhelming” event that results in helplessness in the context of “intolerable danger,” anxiousness and instinctive arousal (p.173). A number of authors have identified the critical importance of understanding children’s post trauma needs within a developmental framework (Black, Newman, Harris-Hendriks & Mezey, 1997; Deering, 2000; Roberts, 1999; Speier, 2000). Everstine and Everstine (1993) supported this contention stating that children process traumatic events in a different manner to that of adults and respond in accordance to their developmental level.

Jean Piaget in the 1930s developed his theory of child development from observations of how children responded to their environment (Singer & Revenson,
Piaget’s theory of child development was based on the idea that with growth, internal changes occur and the child’s capacity to engage the environment also changes. Understanding children’s intellectual development is necessary for those working with children. As developmental changes occur, individuals will experience disequilibrium and attempt to restore equilibrium (Singer & Revenson, 1978). Children will construct their responses to a traumatic event dependent on their stage of cognitive development (Speier, 2000). Speier stated that childhood emotional development interacts with cognitive development. Through normal development individuals learn to express themselves using more sophisticated skills. Psychological understanding of the factors that influence the reactions of children to traumatic events draws on attachment theory, social development and child development.

4.7.1 Attachment Theory

Attachment theory, developed by Bowlby (1982), refers to the natural inclination for an infant to form an affectionate bond with the person who nurtures him/her. Main’s (1996) review of attachment research indicated that attachment style can influence behaviour from infancy through to adulthood. The development of attachment is based on social interaction, with most children developing a secure attachment to a consistently available and nurturing caregiver and a minority of children with inconsistent or mistreating caregivers developing insecure attachment styles. Those children who have a secure attachment style will be more resilient and adaptable to disruption and recovery from traumatic events and additionally, this will enhance social development throughout childhood and adolescence (Speier, 2000).
4.7.2 Social Development

Normative development throughout childhood involves ongoing maturation of children and adolescents, the way in which they engage with people, their attachment to significant adults, the development of relationships with peers and their intellectual and social development (Speier, 2000). Speier argued that the quality and characteristics of a child’s environment will also determine an individual child’s healthy development. In the event of a trauma impacting on a child there is disruption to their world. This disrupts the normalcy of their environment and their normative functioning (Speier, 2000). Children who experience childhood in a positive environment and are supported by caring adults have a better opportunity of adjusting to the impact of a traumatic event. Speier contended that children who experience childhood in a negative environment will most likely experience difficulties with the recovery process following a traumatic event. Aptekar and Boore (1990) identified five major factors influencing a child’s recovery from a traumatic event: developmental level, pre-morbid mental health, community support availability, parental availability and significant adults’ reactions to the event. In addition to this, Vogel and Vernberg (1993) determined coping strategies and social support beyond the family as influences in a child’s recovery from trauma. Schools provide important skills and social supports for children beyond the family.

Children of differing age groups tend to react in different ways following a traumatic event (Greenstone & Leviton, 2002). However, there is no standardised response that a child or adolescent makes to a traumatic event. Importantly, children differ from adults in their responses, especially as they are less likely to verbalise the
nature of their feelings (Eth & Pynoos, 1985). Frequently responses from a child or adolescent will be expressed behaviourally (Everstine & Everstine, 1993).

4.8 Traumatic Reactions Common to Developmental Stages

4.8.1 Preschoolers

Regressive behaviour such as thumb-sucking is common in preschoolers as is ‘anxious attachment behaviour’ and fear of usually familiar things. The preschooler may also become irritable, unruly or in contrast timid, whimpering or regress with previously acquired language skills (Eth & Pynoos, 1985; Pfohl et al., 2002).

4.8.2 School-age Children (6 to 11 years)

This age group can also display regressive behaviours such as clinging, crying and anxious attachment behaviour. The school-age child may react with aggressive behaviour or may develop fear of people and/or places. Nightmares and irritability are also common reactions. School performance may suffer, but not for all children (Eth & Pynoos, 1985; Pfohl et al., 2002).

4.8.3 Adolescents (12-18 years)

Adolescents, although moving toward independence, can display regressive behaviours such as competing with young children to be close to parents and loss of interest in peer activities. Learning and concentration may prove difficult. Some adolescents may engage in destructive and/or antisocial behaviours such as abuse of drugs and alcohol, violence, vandalism or promiscuity. Other adolescents in contrast may become withdrawn, depressed, and dependent and some may have thoughts of revenge. Sleep disorders are also a common response in adolescents (Eth & Pynoos, 1985; Pfohl et al., 2002).
When children or adolescents display noticeable avoidant reactions to a traumatic event such as repetitive abuse it may denote a blocking of the traumatic event from memory (Eth & Pynoos, 1985). In addition, children or adolescents who have pre-existing mental health problems will be likely to be more severely impacted on, and also those children who do not have family supports will be vulnerable and at risk of poor recovery (Pfohl et al., 2002).

4.9 Crisis Intervention Specific to Children and Adolescents

As previously mentioned, children’s reactions to crises take different forms at different developmental levels and are varied and complex, making generalisations difficult (Johnson, 1989). However, children of all ages can potentially display confusion and anxiety, while physical and depressive symptoms typically do not appear until from approximately six years of age through to puberty, and aggressive behaviour is more likely to appear during adolescence (Aptekar & Boore, 1990). The potential for either positive or negative outcomes demonstrates the importance of crisis intervention aimed at facilitating responses that may increase the likelihood of positive outcomes. According to Slaikeu (1984) crisis intervention including meeting basic needs and psychological first aid should be provided during or immediately following a crisis as this is the time when negative outcomes are most likely.

Crisis intervention work with children and adolescents requires knowledge and experience in child development, psychotherapeutic techniques and children’s posttraumatic reactions (Raphael & Wilson, 1993). Nader and Muni (2002) stressed the importance of crisis interveners having prescribed training and appropriate supervision for working with children. Raphael and Wilson further asserted that crisis intervention strategies can be developed prior to a traumatic event, with goals
including prevention of “negative outcomes” and the facilitation of “positive” outcomes through normalising reactions and providing a supportive environment for individuals exposed to trauma. Children’s immediate reactions to traumatic events may range from hysteria to shock. However, often there is no apparent reaction and this outcome could be interpreted as one of denial (Johnson, 1989). Nader and Pynoos (1993) stated that mental health professionals can support teachers in returning classes to normal functioning by assisting: 1) with understanding common behaviour and school performance changes that may occur 2) to problem solve 3) to recognise when it is appropriate to make a referral. Further, Johnson (2000) identified a number of strategies that schools can use to restore normal functioning and manage the effects of a crisis situation including: administrative consultation, staff consultation, information – briefings and fact sheets, parent meetings, identification of community and school resources and class activities. According to Ko et al. (2008), those providing services need to ensure that service provider’s use evidence based practices.

Chapter 4 firstly defined childhood trauma and then presented the historical context of children and trauma. Secondly, child and adolescent resiliency and vulnerability were discussed. In addition, recognition of child and adolescent trauma was examined. Further, child and adolescent reactions to traumatic events and crisis intervention specific to children and adolescents were discussed. This Chapter also provided an understanding of the complexities involved in determining the needs of children and adolescents in relation to crisis management in schools.

Chapter 5 will examine the role of school counsellors in the United States, Canada, United Kingdom and Australia.
Chapter 5: Historical Context of School Psychologists, Social Workers and School Counsellors in the United States, Canada, United Kingdom and Australia

This chapter will briefly describe the role of school psychologists and school counsellors in the United States, Canada, United Kingdom and Australia in order to better understand the role of school counsellors within the Western world and specifically in relation to crisis management.

Once children began attending schools in the 19th century those with learning and behaviour problems were identifiable. In the United States and Western Europe during the later part of the 19th Century, this identification of learning and behaviour problems led to a recognition that professionals other than teachers were required to assist with the educational needs of students. Psychologists and social workers were enlisted to provide services to schools, diagnosing learning problems and suggesting strategies to address these (Oakland, Faulkner, & Annan, 2005). However, school psychology in the United States, Canada, the United Kingdom and Australia was quite limited until after the Second World War.

5.1 School Psychologists and School Counsellors in the United States

Prior to the 1920s, only a few school practitioners were qualified psychologists. However, there are now expected standards of training and credentials required by school psychologists (National Association of School Psychologists, 2000). The American Psychological Society (APA) and the National Association of School Psychologists (NASP) have similar definitions of ‘school psychologist’. The APA defines a school psychologist as ‘a general practice and health care provider’. School psychologists in the United States must
hold a degree at Masters, Specialist or Doctorate level. School psychologists are trained to provide services including psychological assessment, prevention and intervention work, program development, implementation and evaluation (Oakland et al., 2005). In the United States there are similarities between the role of school psychologists and of school counsellors. Both conduct counselling, but the school psychologist also conducts psychological evaluations (S. E. Brock, personal communication, August 21, 2007).

School counsellors who offer professional services to schools in the United States have a professional body, the American School Counselor Association (ASCA) that provides professional and ethical standards (American School Counselor Association, 2005). School counsellors are required to hold at a minimum a Master’s degree in school counselling and meet state licensing and certification standards. The professional role of the school counsellor includes school guidance curriculum, individual student planning, prevention and intervention strategies, individual and group counselling and referral to school support services or external agencies (American School Counselor Association, 2005). School counsellors in the United States also provide individual and group counselling and referral to external services, whereas school psychologists, in addition to intervention practices and counselling, provide assessment services and program implementation (S. E. Brock, personal communication, August 21, 2007).

5.2 School Psychologists in Canada

During the 1920s, psychologists were employed by some Canadian schools to carry out educational assessment of students. These specialists
expanded their role to include addressing the needs of students who were failing in the classroom. In 1941 Canadian school psychologists, social workers and mental health workers had their roles coordinated as a result of a cooperative agreement between the Winnipeg Health Department, School Board and Guidance Centre (Oakland et al., 2005).

In the 1960s there was no specific university preparation for school psychologists and the preparation of school psychologists differed from university to university. In 1985, the Canadian Association for School Psychologists was established. However, with no formalised training programs for psychologists, roles were often shared with counsellors and teachers (Jimerson, Oakland, & Farrell, 2007). Despite lacking official standards for preparation of school psychologists, services provided to schools included psychological assessment, prevention and intervention strategies (Oakland et al., 2005). In 2004, the Canadian Psychological Association approved procedures for accreditation of school psychology programs and now has documentation defining national professional practice guidelines (Jimerson et al., 2007). The role of school psychologists in Canada in earlier times was one of testing and placement of students with special needs. In more recent times, the role has extended to include consultancy with teachers a broader range of supports to all schools (Jimerson et al., 2007).

5.3 School Psychologists in the United Kingdom

Indoe (1998) stated that educational psychology in the United Kingdom can be traced back to mental health providers. The origins of educational psychology in England incorporated both the medical model and the learning
model (Indoe, 1998). Work practices of educational psychologists from 1948-1970 involved psychometric testing and providing special education resources. Typically, the diagnostic method of assessment was used to administer “one-off” psychometric tests regardless of the problem (Stobie, 2002). In the 1980s, there were government policy changes in education. These changes did not preclude psychometric testing, but child focused therapies were incorporated as part of the role. The major changes for educational psychologists included abolishing terms such as “uneducable” and the provision of multi-disciplinary teams to include social workers, school nurses and speech therapists (Stobie, 2002). Stobie also stated that internal factors identified as “change agents” included post graduate training for educational psychologists, recognition that problems could be dealt with effectively through interventions and engaging teachers and caregivers to be part of a team to work with children. Work practices across England and Scotland are similar (Stobie, 2002).

5.4 School Psychologists in Australia

Historically state governments and territories in Australia have been responsible for school governance with each state or territory providing their own government policy and financial support to the education sector. Individual state government or territory policy and financial support then determines the composition of school psychological services including specific roles and responsibilities (Faulkner, 2007). This section defines the meaning of school counsellor and provides the historical context for school counsellors in Australia. Additionally, in relation to the current study, this section more specifically examines the current role of school counsellors in Victorian government schools.
5.5 Definition of a School Counsellor

Australian states and territories’ definitions of ‘school counsellor’ refer to professionals employed by state or territory within their education sector who use diverse titles yet all provide similar counselling services for schools. Within the Victorian Education Department, school counsellor refers to school psychologists, guidance officers (those who are psychologists and hold in addition, a diploma/degree in teaching) and social workers. In New South Wales, school counsellor refers to state registered psychologists and student welfare teachers who have undertaken additional training in counselling. In Queensland a school counsellor is referred to as a guidance officer, however, not all are registered psychologists. In the Australian Capital Territory and Northern Territory and South Australia school counsellors are referred to as educational psychologists. In Western Australia the title of school psychologist refers to those who provide counselling services to schools (Faulkner, 2007). There is currently no nationally consistent definition as to the meaning of school counsellor (ACT Department of Education, Youth and Family Services, 2003).

As mentioned previously, for the purposes of this study school psychologists and social workers will be referred to as school counsellors. Additionally, as data for the current study were collected in Victoria, this thesis examines in detail the context of school counsellors in Victorian government schools.

5.6 Historical Context of School Counselling Services in Victorian Government Schools

According to Faulkner (2007) the education sector in Victoria has sought to address student welfare concerns since 1870 with the introduction of the first
special school in 1913. This provided the impetus for a ‘psychological laboratory’ at the Melbourne Teachers College in 1923 which introduced specialty educators employed as mental assessors and educational advisors to schools. Around the same time, other states appointed psychological support personnel to provide services for students with suspected learning problems. Faulkner (2007) stated that during the 1930s and 1940s guidance clinics were established across Australia in response to both government and community expectations for the provision of the most appropriate educational arrangements for all school children. During this period, psychologists provided psychometric testing as their major service to schools (Ritchie, 1989).

Prior to the mid 1960s, the Australian Psychological Society did not exist. In 1945 an Australian Branch of the British Psychological Society was established. The Australian Branch became known as the Australian Psychological Society in 1965 (Thielking, 2006). According to Aldemir and Town (1995) the Psychology Branch was established in Melbourne at the Melbourne Teachers College by the Education Department of Victoria in 1947. Initially, the Branch employed three professionals, a senior psychologist, a vocational guidance supervisor and a supervisor of ‘education of mentally retarded’ children. Staff increased in the next year to include social workers and teacher assistants who had completed or were undertaking studies in psychology.

A few years later, the Psychology Branch headquarters was renamed the Psychology and Guidance Branch. Around the same time, the first country Victorian Psychology and Guidance Centre was established in the regional city of Ballarat. In the early years, staff consisted mostly of psychologists (guidance
officers) and social workers who operated in small teams with psychologists providing psychometric testing for students to determine their future educational needs. Social workers assisted with interviewing the mothers of children following the testing and provided on-going case management. During the 1960s, the role of school psychologists began to change. No longer were school psychologists required only for administering, interpreting and reporting on psychometric testing. A more holistic approach to students’ academic abilities was introduced which took into account their social abilities and included consultation with teaching staff and parents (Aldermir & Town, 1995).

Aldemir and Town (1995) stated that by the 1970s there were a number of Psychology and Guidance Centres around Victoria and there was a further expansion of the role of school psychologists. Many school psychologists undertook a two year training program and became known as Guidance Officers on completion of this training. Qualifications to undertake this training included:

- A degree from a University or Institute with at least a three year sequence in psychology

- An approved teaching qualification

- A minimum of three years successful teaching experience (Education Department, Central Training Course, 1995).

During the 1970s there was a significant demand for counsellors who could provide strategies for assisting with difficulties students experienced academically, socially and developmentally. The role of school counsellor (psychologist) continued to develop and included the provision of consultation and support for teachers, addressing welfare issues and providing information at parent support group meetings. School social work during the 1970s continued to
focus on individual case work and providing intervention strategies for parents (Aldermir & Town, 1995). During the 1970s, there was a “staffing crisis” within the Education Department’s Student Services with a limited number of support staff providing support to schools. In 1973, the Minister for Education reported that there would be social consequences from the lack of support services and identified the need for an increase in support services for students and families (Thielking, 2006).

In 1974, the Psychology and Guidance Branch merged with the Speech Therapy Branch forming ‘Counselling, Guidance and Clinical Services’ staffed by guidance officers (those holding a teaching qualification and qualified psychologist), social workers, welfare officers and support teachers. The Department of Education continued to provide central administration of these services. To assist with the increasing demands on current services to schools, student welfare coordinators (SWC’s) were introduced into secondary schools in 1976. Typically, one teacher from a secondary school was trained in student welfare and became responsible for student welfare in their school. These SWC’s took on the role of welfare, providing services of counselling and support for students with social and/or emotional problems (L.Carter, personal communication, August 7, 2007).

In 1988, School Support Centres were established within metropolitan and regional areas around Victoria. The staffing model was multi disciplinary and included social workers, guidance officers, speech pathologists, visiting teachers (for students with visual impairments, physical/health impairments or a hearing impairment), curriculum consultants, physiotherapists and occupational therapists.
In 1993, school support services were reviewed and a new structure introduced (J. Hibberd, personal communication, July 12, 2007). Towards the end of 1993, these School Support Centres were disbanded and support staff allocated to school locations in multidisciplinary teams across seven regions, each team with a District Liaison Principal as the Manager (G. Guy, personal communication, August 7, 2007).

In 1997, the Victorian Government released the *Victorian Suicide Prevention Task Force Report*. The report identified a critical link between educational outcomes and the welfare of individual students. The report emphasised the need to strengthen pastoral care roles in schools to foster positive learning outcomes. In response the Department of Education, Victoria (1998) released the *Framework for Student Support Services in Victorian Government Schools*. This document outlined a continuum of care focusing on primary prevention, early intervention, intervention and postvention with four levels of activity constructed around creating safe and supportive schools using a whole school approach to improve student resilience (Department of Education, Victoria, 1998).

The first level ‘primary prevention’ included the encouragement of supportive relationships involving parents, family and the community and the promotion of safety at school. The second level ‘early intervention’ included assessment of risks and the provision of school based counselling and support. The third level ‘intervention’ included links to counselling services and continuity of care. The fourth level ‘postvention’ included increased awareness of the impact of trauma, emergency response planning, provision of counselling and support
and monitoring of recovery. This framework document identified the critical need for school crisis intervention and the creation of student welfare teams. Since the introduction of the Framework in 1998, there has been an increase in funding for the provision of SWC’s in secondary schools (Department of Education, Victoria, 1998).

In 2000, the Victorian Minister for Education conducted a state-wide review of public opinion about the future direction for education (Thielking, 2006). Recommendations included a review of student support services. In 2002, the ‘Review of the Delivery of Student Support Services Consultation Paper’ (Department of Education and Training, 2002) was released. One of the recommendations was that the Department develops guidelines for the employment, role and physical location of Student Service Support Officers and additionally that it identify appropriate supervision, professional development and collegiate support requirements (D. Davis, personal communication, August 21, 2007). A subsequent review of Student Services was implemented by the Victorian Department of Education and Early Childhood Development in 2008 following extensive information gathered during 2007. A State-wide consultation process with key stakeholders was carried out in the second half of 2008 to inform the Department’s position. The Victorian Department of Education and Early Childhood Development is currently refining its final position paper in consultation with targeted stakeholders (I. Claridge, personal communication, October 24, 2008).

In 2002, at a National level, the Ministerial Council on Education, Employment, Training and Youth Affairs agreed to the development of a national
framework to ensure safe and supportive school environments. The National Framework was released in 2003. A Framework implementation manual was then developed to provide schools with guidance for developing their own policies and practices for addressing issues of bullying, violence and child abuse. The Framework presented a national approach for all schools to achieve physical and emotional wellbeing and a safe school environment for all students (Thielking, 2006).

5.7 Current Role of School Counsellors in Victorian Government Schools

As previously mentioned, school counsellors in Victorian government schools consist of psychologists and social workers. There are currently nine Regions within the Victorian Education Department and each Region is divided into Networks. Within each Network there is a Management Committee comprising Principals and Student Services Support officers who are responsible for determining services that will be made available to the Network schools and how these services will be distributed. Some government schools choose to employ their own school counsellor and/or chaplain. The Education Department, Victoria has some funding available to support schools employing a chaplain.

In Victoria, the role of the school counsellor changed in 2005. Prior to this, some Student Service Support officers (school psychologists) were responsible for psychological assessment of students with disabilities and this was a major focus of their work. From 2005, the Victorian Department of Education outsourced most of these assessments. In effect, this has meant that school counsellors can allocate more time to doing preventive programs and crisis response/recovery as outlined in the Framework for Student Support Services in Victorian Government
Schools (Department of Education, Victoria, 1998). In 1997 and 2001, the Victorian Department of Education provided procedures that could assist schools with the management of critical incidents. The focus of these documents was to identify tasks to be undertaken following a critical incident. The document did not specify the roles and responsibilities of school counsellors. Each of the nine individual regions in Victoria is responsible for developing policy and practices to support and assist schools with crisis management particular to the needs of schools within their region.

From 1996, school counsellors in Victoria have been invited to participate in non-compulsory critical incident response workshops provided by the Department of Education (M. Roberts, personal communication, July 8, 2007). Training has provided information about what to do when a critical incident occurs, but often does not include the theoretical background to crisis theory or what it means to be in a crisis state (P. Brophy, personal communication, January 15, 2007), both considered to be critical aspects of crisis intervention training (Brock, 2002).

5.8 Summary

The United States, the United Kingdom, Canada and Australia are similar in relation to the role of school counsellors and school psychologists. The disciplines and professions of school psychology and school counsellors are well established. Additionally, these countries provide similar services to schools. Some of the similarities include: introduction of school psychologist/school counsellor into schools, government policy, involvement in professional services and an emphasis on school psychologists/ school counsellors as major service
providers to schools (Oakland et al., 2005). In the state of Victoria, the Framework for Student Support Services (Department of Education, Victoria, 1998) document identified the importance of school crisis management as part of the role of school counsellors.

The literature review in Chapters Three, Four and Five has argued that (a) crisis management requires theoretical knowledge; (b) school counsellors provide crisis management strategies for school community members; (c) training of school counsellors in crisis prevention and intervention practices is critical for effective implementation of school crisis management; (d) there are no Australian-wide standards existing for training of school counsellors in crisis management, (e) there is a lack of evaluation of crisis prevention and intervention practices, (f) understanding child and adolescent trauma is crucial to effective school crisis management.

The following chapter will review crisis management materials and argue the need for development of a comprehensive Crisis Management Model specific to schools.
Chapter 6  Review of Crisis Management Materials

This chapter presents a review of published crisis prevention and intervention books and manuals. Prior to the 1990s, there were few resources available for schools to manage critical incidents that impacted on members of the school community. However, in the early 1990s, school professionals were being expected to respond to the needs of school communities in relation to critical incidents with little, and often no crisis intervention training (Pitcher & Poland, 1992). Since this time, there have been a number of crisis intervention books and training manuals developed. These books and manuals were developed to assist schools and school crisis teams to develop crisis management plans, crisis response teams, and intervention strategies to implement following a traumatic event (Brock et al., 2002; Johnson, 2000; Klicker, 2000; Peterson & Straub, 1992; Pitcher & Poland, 1992; Poland & McCormick, 1999; Stevenson, 2002; Whitla, 2003).

The following section will provide a brief review of a number of school crisis resources available to school personnel.

6.1 Peterson and Straub (1992) - School Crisis Survival Guide (United States)

Peterson and Straub’s (1992) manual, “School Crisis Guide”, was one of the earliest resources developed and provides detailed practical support for schools to assist with the development of a school crisis plan (pre crisis) and suggestions of how to implement the plan when a crisis impacts. The guide is presented in five parts: planning for crisis, the crisis team intervention, crisis counselling, trauma and grief resolution activities and suggestions for managing specific crisis situations. This resource has identified prevention as ‘being
prepared’ for crises. The major focus of this resource is responding to the needs of students and teachers traumatised following a critical incident.

6.2 Pitcher and Poland (1992) – Crisis Intervention in the Schools (United States)

Pitcher and Poland’s (1992) book was one of the first resources offering school personnel strategies for responding to the needs of school populations as a result of critical incidents. Pitcher and Poland developed a resource on crisis intervention that provided school personnel, including school counsellors, with a well thought out approach for school personnel to consider.

This resource further developed the notion of prevention as described by Peterson and Straub (1992), by providing suggested ways schools could establish crisis teams. In addition, Pitcher and Poland (1992) identified drills that moved beyond traditional drills such as “fire drills” that required evacuating students. This book highlighted that there are other types of crises besides fires, and discusses the need for schools to practice for possible scenarios that could impact on the school population. Pitcher and Poland suggested ‘surprise drills’ (based on crisis events reported in the media) with an emphasis on prior planning and crisis team response. Pitcher and Poland developed a conceptual model of crisis intervention with objectives and activities for each phase. The model of crisis intervention described three levels of prevention using Caplan’s (1964) prevention model of primary prevention, secondary prevention and tertiary prevention (refer Chapter 2, pp.21-24). This model provided a generalised understanding of the occurring event (impact phase) and the reaction phases (recoil, resolution and return to pre crisis functioning). The book gives practical examples of significant incidents including school shootings, and strategies for management of critical
incidents are then provided. Pitcher and Poland’s book, similar to that of Peterson and Straub (1992) concentrated on crisis intervention strategies.

6.3 Johnson (1993) – School Crisis Management - (United States)

Further expanding on strategies suggested by previous authors in the United States, Johnson (1993) developed a comprehensive “hands on” manual for training crisis response teams and describes group intervention strategies. Additionally, this resource specifies self care strategies for crisis workers and provides information about legal implications for those undertaking crisis work in the school setting.

The manual provides information including: what a crisis is, traumatic stress responses, school crisis interventions, assessment of those who are not affected as a result of the crisis, group intervention strategies, specific problems that may result from a traumatic event, cumulative traumatic stress and debriefing, self care for crisis response team members and potential issues including legal implications. This resource, developed by Johnson (1993) has some similarities to strategies identified by Peterson and Straub (1992) and Pitcher and Poland (1992) citing ‘preparedness’ as the critical ingredient for prevention. Crisis intervention in the early 1990s remained the major focus of what needed to be done in addressing school crises.

6.4 Poland and McCormick, (1999) – Coping with Crisis- (United States)

Poland and McCormick (1999) developed an accessible resource for schools, parents and communities to assist with school responses to critical incidents. This manual extended previous resources and added further strategies for managing the needs of a school community following a significant crisis.
The manual provided the experiences and “lessons learned” as a result of Poland’s crisis work in schools following significant traumatic events, thus identifying “on the ground experiences” to support the suggested strategies and skills required for responding to school crises. Additionally, the manual described three levels of crisis intervention: primary, secondary and tertiary, but the major focus is on “secondary intervention” giving significant attention to specific detail in relation to response to a school crisis. The book is described as a “hands on” approach similar to Johnson’s (1993) manual. A number of chapters extend earlier resources provided by Peterson and Straub (1992) and Pitcher and Poland (1992) addressing in detail specific management strategies for immediately following a severe crisis, actions to be taken on the first day, dealing with the media, accessing external assistance and the politics of crisis response. In addition, strategies are suggested for crisis management immediately following a crisis, addressing trauma and grief, what parents need to know, potential community issues, self care for caregivers, strategies for addressing suicide and also a section on litigation issues. Further, this resource acknowledged ‘prevention’ as much more than ‘preparedness’ of a school crisis plan, proposing that there is a critical need to address youth violence. Poland stated that a number of experts consider that the primary strategy for reducing violent deaths for children is to ‘take guns out of the children’s hands’ (p. 392). While the major sections of this resource are significantly focused on crisis intervention, Poland and McCormick (1999) have identified that crisis prevention must include more than school crisis plans. This resource extended earlier school crisis management manuals such as those of Peterson and Straub (1992), Pitcher and Poland (1992) and Johnson (1993).
6.5 Klicker, (2000) – A Student Dies, A School Mourns – (United States)

Continuing with a focus on crisis intervention similar to earlier resources, Klicker (2000) developed a resource for schools that specifically addresses school community needs following the death of a school community member. The book considers: normal grief, factors that affect grief, children’s reactions to death, response planning, responsibilities of staff, time table suggestions for daily activities, teachers helping students, how students can help others, what teachers can do to help themselves through grief, funerals and remembrance, suicide and how to deal with trauma and grief in the aftermath of violence and murder. This book does not identify prevention strategies. However, in contrast to previous school crisis resources, this book gives significant attention to trauma and grief reactions and identifies strategies for managing these reactions.

6.6 Brock, Lazarus and Jimerson (2002) - Best Practices in School Crisis Prevention and Intervention - (United States)

This resource has contributed significantly to an acknowledgement that prevention and intervention are critical components of crisis management. In addition, this resource, in contrast to previous resources has provided a section dedicated to the theory behind crisis management. The theoretical background describes what a crisis, is what it means to be in a crisis state, and follows up with crisis response. A section is dedicated to primary prevention and includes preparation for crises similar to that described by Peterson and Straub (1992) and Pitcher and Poland (1992), including preventative planning and strategies for promoting safe schools. The section on secondary prevention includes strategies for immediate responses to crisis events including: crisis intervention with cultural
consideration, developmental aspects of trauma and grief, group crisis intervention, individual crisis intervention and information on man-made and natural disasters. A number of the suggested strategies are similar to those provided in earlier manuals such as Pitcher and Poland (1992) and Johnson (1993). This resource, in contrast to previous resources, provides suggestions for tertiary prevention including strategies for long term treatment. There is also significant attention in this resource given to legal and ethical issues and research directions. This book provides a more comprehensive contribution to school crisis management with a significant focus on both crisis prevention and intervention. Importantly, this resource has highlighted that evaluation and research in relation to crisis intervention practices to date has been very limited.

In recent years the concept of ‘prevention’ has been identified as much more than school crisis preparedness (Brock et al., 2002). Prevention has also been identified as a significant part of crisis management in the following review.

6.7 Stevenson (2002) – What Will We Do? (United States)

Stevenson’s (2002) book on school crises provides school communities with prevention strategies, giving considerable attention to preparedness and crisis intervention strategies for responding to school critical incidents. The book consists of information about: schools and crises, crisis planning and preparation, addressing grief and loss, how to create a ‘safe room’ at the school in the school nurse’s office, religious education as a resource in crisis intervention, youth suicide, AIDS and HIV crises, coping with violence, military crises, community support groups, debriefing teams and schools, and peer support in times of crisis. Stevenson (2002) argued that “in too few instances do school planners develop
and implement a comprehensive program of crisis management” (p. 46), stating that crisis management does not just mean intervention but also includes prevention. Stevenson has attempted to broaden the concept of crisis management evidenced in previous books and manuals to include strategies such as suicide prevention.

6.8 Whitla (2003) - Crisis Management and the School Community (Australia)

In contrast to Brock et al. (2002) and Stevenson (2002), this resource addresses preparedness as the major prevention strategy and largely focuses on crisis intervention. The material presented provides a broad view of school crises from individual critical incidents to large scale international crises.

The book addresses: preparation of school leaders for crisis situations, emergency management planning, case studies, teachers and how to deal with their own reactions and those of others, how school psychologists can assist/support the school community, suicide intervention, schools and terrorism, support for the crisis response team, debriefing in schools and addressing natural disasters. Once again this resource has provided ‘preparedness’ as the primary focus for prevention and focuses to a great extent on crisis intervention strategies similar to earlier resources such as Johnson (1993) and Poland and McCormick (1999).

6.9 Johnson (2004) – Classroom Crisis (United States)

Following the terrorist attacks in the United States in 2001, Johnson (2004) published a training booklet for teachers on crisis response. This resource recognised the need for teacher training to deal with immediate reactions and responses from children and adolescents given that teachers are with their students
any given school day for approximately six hours per day. The Manhattan
District in the United States enlisted Johnson’s help in training all of the district’s
school counsellors and additionally set up a district crisis team. These suggested
strategies developed by Johnson are similar to strategies identified by Peterson
and Straub (1992) and Pitcher and Poland (1992), citing ‘preparedness’ as the
critical ingredient for prevention. Crisis intervention has remained the major focus
of what needs to be done in addressing school crises, but Johnson’s resource
introduced the prevention strategy of teacher training as part of crisis management
following a large scale traumatic event.

During the 1990s many of the crisis management resources available were
heavily focused on ‘intervention’ with a number of authors suggesting
‘preparedness’ as a measure of prevention that concentrates on ‘school crisis
planning’ for critical incidents. It has only been recently that the ‘prevention’
material has been further developed to include prevention programs such as
problem solving, bullying programs, peer mediation, suicide prevention and
aggression replacement training (Brock et al., 2002). This recent recognition that
‘Prevention’ is more than school crisis preparedness has provided a much needed
direction for further development of crisis management materials.

This review of school crisis management resources has established that
crisis management and crisis intervention are terms that have been used
interchangeably in the school crisis literature and that this could lead to confusion.
There is a need to clarify the fact that crisis intervention specifically means
“intervening” following a traumatic event whereas crisis management covers
everything that needs to be addressed in relation to school crises. In understanding
the value of crisis management an understanding of the potential implications of traumatic events is critical. In addition, it is necessary to understand the role that prevention programs, planning and preparedness can play. Further, it must be recognised that crisis intervention practices along with crisis prevention work must ensure evaluative research is guiding such practices and programs. As has been evidenced in the review of resource materials, the issue of trauma reactions of children and adolescents has not always been addressed by schools (Pitcher & Poland, 1992). The numerous crisis management and crisis intervention resources that have been produced provide response procedures and intervention strategies for schools and school crisis teams. However, researchers have continually pointed out the lack of empirical research that evaluates crisis prevention, crisis response and crisis intervention strategies (Brock et al., 2002; Poland & McCormick, 1999; Slaikeu, 1990; Stevenson, 2002). The process of developing crisis management response procedures and intervention strategies has relied heavily on descriptions of specific traumatic events such as a school shooting and the “teaching” of planning and suggested strategies for intervention (Pagliocca et al., 2002).

Crisis intervention has been defined by a number of authors as involving assumptions about the effectiveness of the strategies suggested (Brock et al., 2002; Johnson, 2000; Klicker, 2000; Pitcher & Poland, 1992; Poland & McCormick, 1999; Stevenson, 2002). A number of the strategies suggested have evolved as a result of case studies carried out by school crisis teams during and following significant traumatic events. Of those materials discussed here, there are a number of similar characteristics that are summarised in the model developed by
Klingman (1989). Klingman’s theoretical model was designed to help children cope with traumatic events. The model incorporates five major components: wellness/optimisation, anticipatory guidance, primary prevention, secondary prevention and tertiary prevention. Wellness/optimisation is a systemic approach incorporating programs such as values clarification, decision making and moral education. Anticipatory guidance involves intervention that includes providing information to enhance desensitising students to stressful events. Primary prevention focuses on the pre impact stage and involves the anticipation of direction needed for the course of action and the teaching of problem solving skills. Secondary prevention emphasises intervention strategies for individuals or groups during and or immediately following a traumatic event. Tertiary prevention focuses on schools and school populations well after the traumatic event and is aimed at restoring the school population to pre crisis functioning.

6.10 Summary

It has been established that in the early 1990s, there was a recognised need for schools and particularly those providing intervention strategies to have access to resources that could guide responses to traumatic events that impacted on a school. Hence, there were a number of authors who began developing such resources. Resources continued to be developed with more and more information and suggested strategies being provided. From the year 2000, there was a recognition that acknowledged ‘prevention’ strategies were also a critical component of school crisis management. Importantly, it has been acknowledged that there is a significant lack of evaluation of current practices of crisis prevention and intervention.
The review of crisis management materials was to inform a general aim of the current study. One of the general aims of the current study was to identify whether there were any gaps in the school crisis management literature with the aim of developing a comprehensive crisis management model for Australian schools. The review of crisis management materials has identified that there is currently a significant lack of evaluation of crisis prevention and intervention practices.

The next chapter describes the current study.
Chapter 7: Current Study

The overall purpose of this thesis was to describe the Australian context for school counsellors’ crisis management training, and specifically investigate training needs. In addition, this thesis sought to develop a crisis management model specific to schools that expands on previous models. The particular issues that directed the research considered the argument that a new crisis management model was required to expand previous models by including the critical component of evaluation in order to inform crisis management practices and training.

The aims and research questions are outlined in the following section. The final section provides a summary of the research aims.

7.1 Aims of the Current Study

The first general aim of the current study was to examine Australian issues in relation to crisis management training of school counsellors. This was necessary because research to date has mostly been carried out in the United States (Allen et al., 2002; Bolnik & Brock, 2005). In addition, the study sought to examine whether school counsellors perceived themselves to be adequately trained in crisis management within a school environment.

The literature review has established that crisis intervention practice is now seen as part of the role of the school counsellors, that school counsellors are expected to provide crisis intervention strategies for school community members, that there is a lack of evaluation and of current intervention practices, that there is a lack of current research relating to school crisis management practices, that specific skills and knowledge for working with children and adolescents are
required to carry out school crisis intervention work, that specific training in crisis management is critical for effective implementation of school crisis work and that there currently is limited pre-service training available for school counsellors in school crisis prevention and intervention (Allen et al., 2002; Brock et al., 2002).

The second general aim of this study was to develop a crisis management model specific to schools. Data were gathered that could inform perceived gaps in current school crisis management training and identified needs in relation to school counsellors’ future crisis management training.

Thus, the study was designed to provide a descriptive overview of current crisis management training of Australian school counsellors in the state of Victoria. In addition, the study sought information about the number and types of incidents responded to, what training school counsellors have had to date, how they received the training and whether they would like to access further training. Information was also collected about the counsellors’ perception of their schools’ satisfaction with their service, whether the schools they work in have crisis management plans, perceptions of gaps in current crisis management training, whether or not they use self care strategies, perceived valuable crisis intervention skills and lastly, suggested content for crisis management training.

7.2 Development of Specific Aims and Research Questions

The following section describes in detail the development of each of the specific aims and research questions.

7.2.1 School Crises Experience

School counsellors are a primary resource responsible for assisting in easing emotional distress reactions of school community members when a critical

The first aim of the current study was to determine the types of incidents school counsellors had responded to in the past year. A definition of a critical incident was provided for school counsellors stating that: “A critical incident is defined as a dangerous or distressing situation that disrupts an individual’s belief system and may result in pain, suffering and possibly losses” (see Appendix C).

7.2.2 Current Crisis Management Training

As noted, there are few psychology degrees or educational programs that include specific training in crisis management (Pitcher & Poland, 1992). Well planned school crisis intervention can provide comfort to staff and students and additionally assist the school to return to normalcy (Poland, 2002). One component of crisis management is crisis intervention, and as Greenstone and Leviton (2002) pointed out, training in crisis intervention does not assure skilled crisis management.

The second aim of the current study was to determine current levels of Victorian school counsellors’ crisis management training. Additionally, the study sought specific information about the type of training and training providers.

7.2.3 School Preparedness and Satisfaction with School Counsellor Crisis Support

Jacob and Feinberg (2002) stated that schools have a ‘duty of care’ to protect students. Furthermore, Jacob and Feinberg pointed out that school administrators need to have a comprehensive safety plan that incorporates
There has been an increase in expectations of schools to be better prepared for school crisis response (Brock & Poland, 2002) and the importance of ‘crisis response preparedness’ should not be underestimated (Brock, 2002). As mentioned previously in Chapter Three (p.31) Castro-Blanco (2000) stated that crises involving school students: “occur at school, are associated with school or are first detected at school” (p. 273). The third aim of the current study was to explore school counsellors’ perceptions of their school’s satisfaction with their crisis intervention work. In addition, the study sought to determine whether or not Victorian government schools had a crisis management plan.

7.2.4 Training Needs

Allen et al. (2002) reported findings from the U.S. indicating there are a significant number of school psychologists who are providing crisis intervention to schools and yet many have little or no training in this area. Additionally, Johnson (2000) pointed out that school staff, as trusted members of a school community, should be trained in crisis intervention. Further, Ko et al. (2008) stated that school staff including psychologists and social workers typically received little formal training.

The fourth aim of this study was to explore whether Victorian school counsellors perceived a need for further training in crisis management. Additionally, the study sought to identify perceived gaps in school counsellors’ current crisis management training.
7.2.5 School Counsellor Wellbeing

Baruch (2004) argued that ‘self care’ has not been addressed sufficiently in crisis management training programs. Baruch stressed the importance of ensuring ‘de-stressing and healthy diversions’ in order to maintain a healthy body and mind when undertaking crisis work. The fifth aim of the current study was to determine whether or not Victorian school counsellors had strategies in place to take care of their own wellbeing. In addition, this study aimed to determine whether or not school counsellors accessed professional debriefing following crisis intervention work. Further, the study aimed to determine whether or not school counsellors felt they could say no when asked to do crisis intervention work.

7.2.6 Increased Effectiveness and Valuable Crisis Intervention Skills

A number of authors have highlighted the importance of specific training in crisis intervention for school counsellors (Greenstone & Leviton, 2002; Johnson, 2000; Pitcher & Poland, 1992). Lichtenstein, Schonfeld, and Kline (1994) in their training of regional, district and school crisis teams were asked by participants to provide more specialised follow up training including counselling techniques for use with students in crisis. Commonly used school based crisis interventions have included debriefing. In recent years debriefing as a crisis intervention strategy has been questioned (Rose, Bisson, Churchill, & Wessley, 2002) and debriefing of children described as potentially harmful (Raphael et al., 1996; Wraith, 2000).

The sixth aim of the current study was to investigate Victorian school counsellors’ perceptions of the need to increase effectiveness in relation to school
crisis intervention. Additionally, the sixth aim was to identify school counsellors’ perception of what are valuable crisis intervention skills.

7.2.7 Content for a Crisis Management Training Program

One of the general aims of this research was to develop a crisis management model specific to school settings. From a review of the school crisis literature, it has been established that there are a number of case studies and descriptive accounts developed over time that have driven school crisis intervention, rather than evaluation of these school based interventions (e.g., Nelson & Slaikeu, 1990). To develop a crisis management model that could guide training of school counsellors, it was necessary to seek school counsellors’ perceptions of what they considered important content for crisis management training. Therefore, the seventh aim of the current study was to have Victorian school counsellors identify important aspects of training specific to crisis management.

7.3 Summary of Aims and Research Questions

Using a sample of school counsellors working in Victorian government schools the current study explored the following aims using research questions.

Two general aims:

1. To survey school counsellors’ current crisis management training and practices
2. To develop a Crisis Management Model

7.3.1 Specific Research Questions

Personal experiences of school crisis management:

a) What types of critical incidents have school counsellors responded to?
b) How much time in a year have school counsellors spent responding to critical incidents?

Current crisis management training:

a) How many school counsellors have had crisis management training?

b) What type of crisis management training have school counsellors had?

c) Who has provided the training to date?

d) How many days have school counsellors spent attending crisis management training?

School Preparedness and school satisfaction with school counsellor crisis support:

a) Do schools that school counsellors currently work in have a crisis management plan?

b) What are school counsellors’ perceptions of school satisfaction with their crisis intervention work?

Additional training needs and gaps in current level of training:

a) Do school counsellors believe that they need additional training in crisis management?

b) What are the gaps in school counsellors’ current levels of crisis management training?

Self care and access to professional support:

a) Do school counsellors have self care strategies?

b) Can school counsellors access professional support?

c) Are school counsellors able to say ‘no’ to crisis intervention work?
Increased effectiveness and valuable crisis intervention skills:

a) What are the perceptions of school counsellors in relation to additional training for increased effectiveness?

b) What are school counsellors’ beliefs about the skills that are valuable for effective crisis intervention?

Future crisis management training:

a) What do school counsellors believe needs to be included in the content of a crisis management training program?

The following Chapter will describe the methodology for the current study.
Chapter 8: Method

This chapter describes the methodology for the current study. Firstly, the chapter describes the selection of participants and characteristics of participants. Secondly, the research design was identified. Thirdly, procedure for development of the survey instrument, survey distribution and data collection are described. In addition, data analysis procedures are identified.

8.1 Selection

The current study obtained ethics approval from the University Ethics Committee (Appendix B) and the Department of Education and Training, Victoria. Permission was granted on the proviso that Regional Directors of the nine Department of Education and Training Regions in Victoria agreed to the participation of school counsellors (Psychologists and Social Workers) within their Region. All nine Regional Directors agreed to the participation of their regional school counsellors.

8.2 Characteristics of Participants

The majority of Victorian school counsellors work in Government State Schools. There are also Independent and Catholic schools in Victoria that employ school counsellors to support and assist schools with crisis management. There are approximately 700 Catholic schools that have approximately 30-40 psychologists and 3 social workers that provide services to the schools (H. Sadler, personal communication, September 8, 2008). The 218 Independent schools employ their own staff dedicated to welfare. Welfare roles are undertaken by staff that includes school psychologists, wellbeing coordinators and chaplains (E. Adamson, personal communication, September 11, 2008). However, the numbers
of school counsellors (psychologists and social workers) are reportedly smaller in these sectors. There are currently over 200 school counsellors working in Victorian Government schools. As previously mentioned, the term “school counsellor” for the purpose of this study refers to fully qualified psychologists and social workers.

8.3 Participants’ Demographic Information

From a mail out of 229 surveys, responses were received from 120 Victorian school counsellors across the 9 Victorian regions, giving a response rate of 52% (see Table 1).

Table 1

Response Rates

<table>
<thead>
<tr>
<th>Region</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Metropolitan</td>
<td>25</td>
<td>69</td>
</tr>
<tr>
<td>Northern Metropolitan</td>
<td>25</td>
<td>68</td>
</tr>
<tr>
<td>Western Metropolitan</td>
<td>23</td>
<td>48</td>
</tr>
<tr>
<td>Eastern Metropolitan</td>
<td>14</td>
<td>33</td>
</tr>
<tr>
<td>Barwon</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td>Gippsland</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Loddon</td>
<td>9</td>
<td>90</td>
</tr>
<tr>
<td>Grampians</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Hume</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>All Regions</td>
<td>120</td>
<td>52</td>
</tr>
</tbody>
</table>

(N=120)

Table 1 shows that responses were spread across the nine regions. The distribution of response rates across regions ranged from 20% to 90%.
8.3.1 Respondents’ Gender, Age and Professional Training

Ninety one of the respondents were female (76%) and 29 were male (24%). Ninety two of the respondents were psychologists (76%) and the remaining 28 respondents were social workers (24%). Respondents gave their age as within one of 5 age groupings: 20 – 29 years, 30 – 39 years, 40 – 49 years, 50 – 59 years and 59 years plus. The largest proportion of respondents was in the 50 – 59 years age group (43%), the next highest proportion of school counsellors was within the 40 – 49 years age group (33%). The oldest age group represented the smallest portion of the total (3%), while the remaining respondents were distributed across the 20-29 (7%) and 30-39 (13%) age groups.

8.3.2 Respondents’ Employment Status

Respondents indicated their employment status as falling within one of seven categories. Table 2 shows the percentage of school counsellors for each category.

Table 2

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>69</td>
<td>58</td>
</tr>
<tr>
<td>Part time 0.8</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Part time 0.7</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Part time 0.6</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>Part time 0.5</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Part time 0.4</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

(N = 120)
Table 2 shows that over half of the respondents worked full time while the remainder worked various part time hours.

8.3.3 Respondents’ Years of Service as a School Counsellor

Participants were asked to nominate from four categories the length of time they had worked as a school counsellor in the Victorian Education Department. Table 3 shows their responses.

Table 3

<table>
<thead>
<tr>
<th>Years of Service as a School Counsellor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time fraction</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Less than 1 year</td>
</tr>
<tr>
<td>1-5 years</td>
</tr>
<tr>
<td>6-10 years</td>
</tr>
<tr>
<td>11+ years</td>
</tr>
</tbody>
</table>

\((N = 120)\)

Table 3 shows that just under half the respondents had worked for the Department of Education for 11 or more years and almost all school counsellors had worked in the Department for over a year.

8.4 Materials

8.4.1 Questionnaire Development

Survey design is an appropriate research method for descriptive and exploratory research (Coolican, 2004). Questionnaires are used in studies that measure attitudes of a large population and are one of the most accurate methods of providing direct knowledge of people’s opinions. Therefore a questionnaire was chosen as the preferred option for conducting this research. The design included qualitative and quantitative components in order to provide an accurate
description of both what the target population thinks and with what frequency (Coolican, 2004). The literature review did not identify any Australian studies examining the extent or nature of crisis management training for school counsellors. Consequently the questionnaire used for this study was developed by the researcher. The questionnaire component of this study was designed to ask school counsellors for their views and opinions on participation in school crisis management and training. The questionnaire collected directly comparable information on seven topic areas. Participants were asked to provide responses to questions within the following sections:

1. Demographic information
2. School crises experience to date
3. Current crisis management training
4. School preparedness and perception of schools’ satisfaction of school counsellor crisis support
5. Training need and identified gaps in current training
6. Self care and access to professional support
7. Further training for increased effectiveness, perceived valuable crisis intervention skills and content suggestions for a crisis management training

8.5 Demographic Information

As previously described, the first section of the survey requested demographic information.
The following 6 sections contained the 18 questions relating to the respondents’ current crisis management experiences and future crisis management training needs.

8.6 School Counsellor Crisis Response

This section was designed to measure how frequently respondents had responded to various types of critical incidents and the time school counsellors spent responding to critical incidents. Three yes/no items examined school counsellor crisis response experiences. Respondents were asked to indicate types of incidents they had responded to, if any, in the past year. The incident types were identified from those listed in the Victorian Government Schools Managing School Emergencies (2001) to reflect crises that may impact on a school: death, suicide, serious injury/serious assault, sexual assault, siege/hostage—firearms, motor vehicle accident, fire in a school building/bushfire, outbreak of disease, flood/windstorm/other natural disaster, vandalism/criminal damage, fumes/spill/leak/contamination by hazardous material and “other”. Respondents could select as many incident types as they wished.

The second item required respondents to indicate time in days spent responding to school crises. In order to establish how much time school counsellors had spent responding to critical incidents 5 categories were given: none, less than 5 days, 6-10 days, 11-20 days, more than 20 days. Respondents were then asked whether they had spent more time responding to crises than in previous years. Respondents could give a Yes/No response and this item also incorporated an open ended question.
8.7 Current Crisis Management Training

This section was designed to elicit crisis management training accessed by school counsellors, and to identify service providers of any previous training undertaken by the respondents. Four items were developed for this section. The first item requested respondents to identify whether or not they had accessed crisis management training specific to schools. The item then asked respondents who indicated a “Yes” response to identify who had been the service providers from four choices given. The choices were identified from the major organisations most likely to provide crisis management training for school counsellors in Victoria. The categories selected were: Region or cluster, Professional body, Emergency Management (Department of Education) and University/Diploma course. The second item asked respondents to indicate any training in crisis management undertaken in the past two years.

To further investigate training school counsellors may have accessed, the third item asked about external agency training likely to be accessible to school counsellors in Victoria. The five categories were selected were: Fire Service, State Emergency Service, Police/ Ambulance and Refugee Counsellor Training. The choice of “Other” was included to allow respondents to identify a provider other than those listed in the questionnaire. For the fourth item, respondents were asked to indicate the number of days training that had been accessed from each of the listed providers.
8.8 School Preparedness and Perceived Satisfaction with School Counsellor Crisis Support

This section was designed to measure whether schools ask school counsellors for assistance following a critical incident. Three items were developed to identify school preparedness and school satisfaction with the crisis intervention provided. The first item assessed whether or not schools asked for assistance following a critical incident. This item requested respondents to select one of three possible responses “Yes”, “Sometimes” and “No”. The second item assessed whether or not schools had a crisis management plan. This item asked respondents to select from three possible responses “Yes”, “No”, “Unsure”. The third item was designed to assess respondents’ perceptions of how successful they had been in providing support to schools following a critical incident. This item requested respondents choose one of the three responses from “Very Successful”, “Some-What Successful”, “Limited Success”. This item also allowed respondents to elaborate if they wanted to by providing space for written comment.

8.9 Further Training and Identified Gaps in Current Training

This section was designed to assess firstly, whether school counsellors would like to undertake further training in crisis management, and secondly, to determine any perceived gaps in current training. The first item asked whether school counsellors wanted to undertake further training in crisis management. Respondents were asked to select a “Yes or No” response. Respondents were given a choice of providing additional information if they wanted to elaborate. The second item requested respondents provide a written response identifying any gaps in their crisis management training to date.
8.10  **Self Care and Access to Professional Support**

This section was designed to identify whether or not school counsellors had strategies in place to promote their own wellbeing, to assess whether or not they accessed professional support following crisis intervention work and to determine if school counsellors felt able to say “no” if they felt they were unable to respond to a school crisis request. Three items were developed to assess these issues. Additionally, these three items allowed respondents to provide written comments if they wished. For the first two items respondents were asked to select a “Yes or No” response. For the third item respondents were asked to select from “Yes, Sometimes or No” responses.

8.11  **Further Training for Increased Effectiveness, Needs, Crisis Intervention Skills and Content for a Crisis Management Training Program**

In the final section, three items were developed to assess whether or not additional training would assist in responding to school crises more effectively, skills necessary for crisis intervention work and suggestions for content of a crisis management training program. For the first item, respondents were asked to give a “Yes or No” response. Respondents were also invited to provide written comment. The second and third items requested written responses.

8.12  **Procedure**

8.12.1  **Pre-Testing the Questionnaire**

A questionnaire will normally be piloted or pre tested on a small sample to highlight possible misinterpretations and pitfalls (Coolican, 2004) and so any adjustments can be made. A draft version of the questionnaire was piloted with 15 school counsellors currently employed by the Victorian Department of Education.
for feedback. Participants were chosen to represent a range of geographical locations. The following set of questions and a request for comments and suggestions accompanied the questionnaire:

- Appropriateness of time required for completing the pilot questionnaire?
- Instructions – Are they clear?
- Are there any questions that need to be added to the questionnaire?
- Is the sequence of questions appropriate?
- Are required responses appropriate?
- Do both questions and responses have clarity?
- Is there any concern with the length of the questionnaire?
- Any other suggestions?

The questionnaires were mailed out to the 15 school counsellors who agreed to participate in this pilot study together with the set of questions and a stamped, self addressed envelope. Ten of the 15 participants provided feedback. The feedback received was used to modify the questionnaire. Responses indicated that there were no concerns with the time taken, appearance, legibility and length of the questionnaire. Most respondents indicated that a mail out seemed the most appropriate method for distribution of the questionnaire given that school counsellors were sometimes unable to access email. Suggested changes to some of the questions included changing “involved in” to “required to respond to” (Question 8); classifications “very successful”, “somewhat successful” and “limited success” (Question 17) and a suggestion to include a further question “What specifically would you like to see included in a crisis management training program” (Question 25). Pilot participants also suggested a wider choice of
responses for some questions (i.e., inclusion of “Sometimes” instead of just “Yes”, “No” response choices, for example Question 22). Participants’ suggestions from the pilot study were used to modify the questionnaire.

Questionnaires were posted to participants to encourage honest responses (Coolican, 2004). The questionnaire was mailed out to all 229 school counsellors currently working in Victorian Government primary and/or secondary school settings inviting them to participate in the current study. The potential participants from the nine regions were all provided with an informed consent letter (Appendix B) outlining the purpose of the study, confidentiality measures and the voluntary nature of participating, including freedom to withdraw at any time. In addition, participants were given an explanation of how the data from the survey were to be used. They were informed that the data would be analysed as a “whole group” sample and there would be no identification of individuals or schools. Participants were requested to return the completed questionnaire to the researcher using the self addressed, pre paid envelope provided. Respondents were given 10 weeks to return the questionnaires. From a mail out of 229 surveys, responses were received from 120 school counsellors across the nine regions, giving a response rate of 52%.

8.12.2 Data Analyses

Percentages were calculated using the SPSS 14 computer package. As the questionnaires were received, they were numbered and coded into an electronic database. The SPSS 14 computer package was used to obtain percentages and frequencies.
Qualitative thematic analysis of the 11 questions with open-ended responses involved identifying themes, and then categorising the content of respondents’ written comments according to a particular theme (Smith, 2003). Thematic analysis was used to determine the “weighting” of the categories, for example the number of questionnaires that the category appeared in for a given question. Thus raw data from the questionnaires was analysed using overarching themes that captured the feedback described by participants in the study.

8.12.3 Qualitative Analysis of Open-ended Questions

All open-ended responses to questions were typed up. Similar responses were then coded under an established theme. Details are given below:

Question 10: Do you feel that you have spent more time responding to critical incidents in the past year compared to previous years?

The quantitative part of this question related to whether more time had been spent responding to critical incidents in the past year compared to previous years. The respondents were then asked to provide qualitative responses reflecting on why or why not they had spent either more or less time responding. The comments from those respondents stating that they had spent more time responding were coded into three themes: Increased incidents, More awareness by schools and Regional movement. Responses were then categorised according to the particular theme reflected in an individual response. For those respondents who said they spent less time responding, responses were coded into one of two categories: Fewer incidents and Shared workload with colleagues, and then categorised according to the theme reflected in their response.
Question 12:  *List any training completed in the last two years*

The qualitative response for this question asked respondents to list training completed in the past two years.

Question 17:  *When working in schools and providing support/assistance following a critical incident, how successful do you believe your work has been?*

The qualitative part of this question required respondents to provide written comments about how successful/somewhat successful/limited success they believed their work in schools had been in supporting/assisting a school following a critical incident. The comments provided by those who indicated they were “successful, somewhat successful or had limited success” were coded into six themes: *Positive feedback from schools, Working in teams, Dependent on school management plan, Provision of professional support, Calm approach with students and Already established relationship with schools.* Responses were then categorised according to the particular theme reflected in an individual response.

Question 18:  *Would you like to undertake formal/further training in crisis management specific to schools?*

The qualitative part of this question asked respondents to provide written responses about “why or why not” they had indicated they would or would not like to undertake further training in crisis management specific to schools. The comments provided by those indicating that they would like more training were coded into three themes: *Keep up with latest research findings, Increase knowledge and skills and Lack of training.* Responses were then categorised according to the particular theme reflected in an individual response.
Question 19:  *What do you believe to be the gaps in your training in school crisis management?*

This question asked respondents to provide comments reflecting perceived gaps in crisis management training. Comments were coded into five themes: *Lack of training, Intervention training, Debriefing debate, Training with school staff* and *Role of emergency services personnel*. Responses were then categorised according to a particular theme reflected in an individual response.

Question 20:  *Do you currently have strategies in place to ensure your own wellbeing following a response to a critical incident?*

The qualitative part of this question required respondents to comment on the strategies they use to ensure their own wellbeing following responding to critical incidents affecting school communities. These comments were coded into three themes: *Talking/debriefing with colleagues, Recreational activities* and *Time with family/friends*. Responses were then categorised according to the particular theme reflected in an individual response.

Question 21:  *Can you access professional debriefing following crisis intervention work?*

The qualitative part of the question asked respondents to identify how they accessed professional debriefing following crisis intervention work. These comments were coded into four themes: *Emergency management team leaders/colleagues, Region/department, Private psychological service* and *Not sure how to access*. Responses were then categorised according to the particular theme reflected in an individual response.
Question 22: Do you find it difficult to say “no” if you are unable to assist with a critical incident response?

The qualitative part of the question asked respondents to identify why or why not they felt able or unable to say no to a request by a school for assistance with crisis intervention following a critical incident. These comments were coded into three themes: Role expectations, Pressure on colleagues and Limited resources. Responses were then categorised according to the particular theme reflected in an individual response.

Question 23: Do you think additional formal training in crisis management would assist you in responding effectively to critical incidents?

The qualitative part of the question asked respondents to provide comment on why or why not they felt that additional formal training in crisis management would assist them to respond effectively to critical incidents. These comments were coded into five themes: Increase understanding - skills/ knowledge/ current research, Updated training, Increase preparedness, Greater confidence and Lack of training. Responses were then categorised according to the particular theme reflected in an individual response.

Question 24: What skills/approaches do you think are valuable in crisis intervention work?

This question requested a qualitative response from respondents reflecting the skills/approaches they perceived as valuable in crisis intervention work. These comments were coded into three themes: Intervention skills, Theoretical knowledge and Administrative skills. Responses were then categorised according to the particular theme reflected in an individual response.
Question 25: What specifically would you like to see included in a school crisis management training program?

The last question requested a qualitative response asking respondents to provide written comments on what they would specifically like to see included in a school crisis management training program. Comments were coded into five categories: Theoretical model/Clear procedures, Current research, Intervention strategies, School staff training, Practice scenarios. Responses were then categorised according to the particular theme reflected in an individual response.

The following Chapter will describe the results of the current study.
Chapter 9: Results

9.1 Overview

The first section of this chapter examined the types of critical incidents responded to and time spent responding to critical incidents. The next section identified current levels of training undertaken by school counsellors. Section three examined perceived school satisfaction of those who sought support and assistance from school counsellors following a crisis. In addition, respondents identified whether or not their school had a crisis management plan. Section four identified the level of school counsellors’ self care and access to professional support. Section five explored whether there is a perceived need for further training in school crisis management. The last section of this chapter presented analyses of written comments relating to current gaps in training, future training for increased effectiveness and valuable skills for crisis intervention work and content suggestions for a crisis management training program.

9.2 School Crises Experience

School counsellors were asked to indicate, from 12 categories, the types of critical incidents (if any) they had been required to respond to in the past year. Table 4 shows the percentage of school counsellors who responded to incidents in each of the categories identified.
Table 4

Percentage of Types of Critical Incidents Responded to by School Counsellors

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death (other than suicide)</td>
<td>93</td>
<td>84</td>
</tr>
<tr>
<td>Suicide</td>
<td>75</td>
<td>63</td>
</tr>
<tr>
<td>Car accident</td>
<td>58</td>
<td>48</td>
</tr>
<tr>
<td>Assault</td>
<td>50</td>
<td>42</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>39</td>
<td>33</td>
</tr>
<tr>
<td>Fire</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Vandalism</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Siege/hostage</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Disease</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Natural disaster</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hazard</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>13</td>
</tr>
</tbody>
</table>

(N = 114), Nb: % adds to over 100 as respondents could give more than one response.

As can be seen from Table 4, categories identified as having the largest proportion of responses to incidents required by school counsellors were death, suicide, car accident and assault including sexual assault. The least frequent critical incidents identified were: hazard (n = 2), natural disaster (n = 3), disease (n = 6) and siege/hostage (n = 6). Under the category of “Other” respondents provided written responses and described the following incidents they had responded to: missing students (n = 3); attempted kidnapping/abduction of students (n = 4); death threats to Principal/staff/students (n = 4); bomb threat (n = 1); witness to murder (n = 1) burns victim (n = 1) and students’ drowning (n = 1). Responses to this item indicated that six respondents (5%) had not attended any critical incidents in the past year. Table 5
shows time spent responding to school critical incidents for the 114 participants who had responded to a critical incident in the past year.

Table 5

<table>
<thead>
<tr>
<th>Time responding (days)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>62</td>
<td>55</td>
</tr>
<tr>
<td>6-10</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>11-20</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>More than 20</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

(N = 114)

Almost half of the school counsellors indicated that they had spent between one and five days in the previous year responding to critical incidents. A small portion of school counsellors indicated that they had spent more than 20 days (5%) in the past year responding to critical incidents.

Respondents were asked ‘Do you feel that you have spent more time responding to critical incidents in the past year compared to previous years. Ninety two (78%) respondents (out of 118 responses) stated that they had not spent more time responding to critical incidents in the past compared to previous years. Of the 92 who said “No”, 55 gave a written comment. These comments were coded into two themes. The themes were: 1) fewer incidents and 2) shared workload with colleagues’. Examples for each theme are given below.

The first theme identified: Fewer incidents (n = 42) included comments such as: “episodic nature of incidents”; “less in last 12 months, unusually low incidence of critical incidents”; “fewer incident in my schools”. The second
theme identified was: Shared workload with colleagues (n = 13). Written comments included: “work organised on a share basis to prevent overload for individual staff”; “now working in a team, whereas previously sole psychologist in my area”; “another nominated Psych leader” and “I assist only with my school”.

All 26 respondents who said they had spent more time responding to incidents in the past year as compared with previous years gave a written comment. These comments were coded into three themes. The themes were: 1) increased incidents, 2) more awareness by schools and 3) change in job. Themes and examples for each theme are given below.

Increased incidents (n = 16) Comments included: “seems to be more incidents – suicide”, “third year with major incidents”, “part of Emergency Management Team” (Some Regions have an Emergency Management Team and Team members are notified when a school reports a critical incident), “escalation of abuse”, and “increase in number of deaths, illness, and homicide”.

More awareness by schools (n = 6) Comments included: “more awareness by schools of issues”, “School involvement with the wider community has increased” and “increased student/staff awareness of us and come to us now”.

Change in job (n = 4) Comments included: “moved from regional Victoria to metropolitan area”, “Emergency Management Coordinator in a Region now” (some Regions have Emergency Management Coordinators).

9.3 Current Crisis Management Training

When asked if they had engaged in crisis management training specific to schools, 86% of respondents said they had received some training. Of those who
had received some training only 8% indicated they had engaged in crisis management training as part of a university course.

To further examine the sources of recent training accessed by school counsellors, respondents were asked to give an open ended response to the item regarding any training completed in the past two years. A total of 47 respondents responded to this item. These qualitative responses indicated respondents had received training from four other training providers: Department of Education Crisis Management Workshops \((n = 26)\); School Crisis Response Workshops \((n = 14)\); Therapeutic Intervention Workshops \((n = 4)\) and Suicide Intervention Workshops \((n = 3)\).

In order to assess whether school counsellors had attended general training offered to emergency services personnel, four organisations (Country Fire Authority; Refugee; State Emergency Services and Police/Ambulance) were chosen as those most likely to provide crisis training in Victoria. Respondents could also give an “other” response.

Table 6 shows the percentages of school counsellors out of the possible 120 respondents who indicated they had attended training for emergency services personnel.
Table 6

Percentage of School Counsellors who Attended Specific Training for Other Emergency Service Personnel

<table>
<thead>
<tr>
<th>Emergency Services Training</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee Workers</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Fire Brigade</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>State Emergency Service</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Police/Ambulance</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No Training</td>
<td>91</td>
<td>75</td>
</tr>
</tbody>
</table>

(N = 120)

As can be seen from Table 6, only 29 of the 120 school counsellors had attended training that was specifically designed for emergency services personnel. The majority of respondents (75%) had not attended training for emergency services personnel. A small portion of respondents (8%) indicated that they had accessed training with refugee emergency service personnel. For the category of “Other” there were only two responses. These were: “Training for Prison Officers” and “Family Violence Intervention Training”.

To determine the amount of time school counsellors had spent undertaking crisis management training, respondents were firstly asked to choose training accessed from any of training service providers including a category of “other”, and secondly, to indicate the number of days they had spent participating in crisis management training with the specified training provider.

Table 7 shows specific training accessed by school counsellors and the range of training days school counsellors had spent with the specified training providers.
Table 7

**School Counsellor Crisis Management Training with Specific Training Providers**

<table>
<thead>
<tr>
<th>Training Provider</th>
<th>n</th>
<th>Range of days</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Management (Department of Education)</td>
<td>75</td>
<td>1-10</td>
<td>2.41</td>
<td>2.02</td>
</tr>
<tr>
<td>Region (Department of Education)</td>
<td>53</td>
<td>1-10</td>
<td>2.57</td>
<td>2.06</td>
</tr>
<tr>
<td>Professional Body</td>
<td>27</td>
<td>1-5</td>
<td>1.91</td>
<td>0.98</td>
</tr>
<tr>
<td>Refugee Support Organisation</td>
<td>11</td>
<td>1-7</td>
<td>2.73</td>
<td>2.48</td>
</tr>
<tr>
<td>State Emergency Service</td>
<td>9</td>
<td>1-4</td>
<td>2.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>1-5</td>
<td>2.22</td>
<td>1.50</td>
</tr>
<tr>
<td>University</td>
<td>6</td>
<td>1-7</td>
<td>3.25</td>
<td>2.52</td>
</tr>
<tr>
<td>Police/Ambulance</td>
<td>5</td>
<td>1-3</td>
<td>1.80</td>
<td>0.83</td>
</tr>
<tr>
<td>Fire Authorities</td>
<td>5</td>
<td>1-6</td>
<td>2.70</td>
<td>2.04</td>
</tr>
</tbody>
</table>

\(N = 114\) \(Nb\): respondents could identify more than one training provider.

The largest proportion of school counsellors \(n = 75\) who had participated in training indicated that they had attended crisis management training sessions provided by Emergency Management, Department of Education, with a mean of 2.41 days attendance. The next largest portion of school counsellors \(n = 53\) who participated in training were those who indicated receiving training from Regional sources within Department of Education, with a mean of 2.57 days attendance. The remaining seven categories in Table 5 indicated relatively small numbers had accessed training from Professional Body, Refugee Support Organisation, State Emergency Service, Other, University, Police/Ambulance or Fire Authorities. A small number of respondents who chose “Other” identified sessions attended with the following providers: Country Fire Authorities (CFA) (identified by two respondents); Critical Incident Stress Management (CISM); State Emergency
Services (SES); a session as part of a Nursing Degree; Critical Incident Training with the Prison system; Critical Incident Stress Debriefing (CISD); a Children’s Home and Family Services workshop and a Trauma Workshop. Overall, there was relatively little difference in the number of days respondents participated in training with specified training providers and school counsellors had spent a limited amount of time in such training.

9.4 Extent to Which Respondents were Requested by their School to Assist Following a Critical Incident

When asked if schools requested assistance following a critical incident, 91 (78%) of respondents indicated that their schools always requested assistance, while 23 (20%) said schools only sometimes requested assistance. Only 2 respondents indicated that their schools that did not request any assistance.

9.5 School Preparedness

To assess school preparedness, school counsellors were asked to indicate whether their schools had a crisis management plan. Table 8 gives the percentage of schools that have a plan, do not have a plan and may not have a plan.

Table 8

Percentage of Schools that Have, Don’t Have or School Counsellors are not sure whether they have a Crisis Management Plan

<table>
<thead>
<tr>
<th>School Crisis Management Plan</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>School has a plan</td>
<td>83</td>
<td>70</td>
</tr>
<tr>
<td>Unsure if School has plan</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
<td>School has No plan</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

(N = 120)
As can be seen from Table 8, 70% of the schools have a crisis management plan. Twenty two per-cent of respondents indicated that they were unsure if their school had a crisis management plan.

School counsellors were asked whether they believed their crisis work in schools had been successful. Whilst the majority of school counsellors (51%) thought that they had been ‘very successful’ ($n = 61$) in providing support and assistance to schools following a critical incident, a large portion (46%) said they had been somewhat successful ($n = 55$). A small proportion of respondents (3%) indicated that they had limited success ($n = 3$). In addition, of the 116 respondents who said they had been very successful or somewhat successful, 67 gave an open ended response. These qualitative responses were then coded into six categories: Positive feedback from Schools; Working in Teams; Dependent on School Management Plan; Provision of Support; Calm Approach with Students and Already Established Relationship with Schools. The number of responses for each of the categories is shown in Table 9.

Table 9

School Counsellors’ Reasons for Belief that their Support for Schools was Successful

<table>
<thead>
<tr>
<th>Perceived Success</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Feedback from Schools</td>
<td>32</td>
<td>48</td>
</tr>
<tr>
<td>Working in Teams</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Dependent on School Management Plan</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Provision of Professional Support</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Calm Approach with Students</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Already Established Relationship with Schools</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

($N = 67$)
The majority of respondents (48%) indicated that success was gauged from “positive feedback” they received from their schools. Some examples of responses indicating positive feedback from schools included:

“Positive feedback from welfare coordinators”

“Feedback positive from principals/etc”

“I have received positive feedback from schools”

“Feedback from schools and feel well supported”

“Number of letters from region and schools”

“Students, parents and principals have been appreciative of the support and follow up with students”

9.6 Training Needs and Identified Gaps

School counsellors were asked whether they would like further training in school crisis management. Responses were grouped according to whether or not they wanted further training. Eighty five percent of respondents indicated that they would like further training. Respondents could also give written comments for this item. One hundred and thirteen respondents (98 who wanted further training and 15 who did not want further training) commented. Of the 98 respondents who said they wanted further training and provided qualitative responses, these responses were coded into three themes and the results are shown in Table 10.
Table 10

*School Counsellors’ Reasons for Requesting Further Crisis Management Training*

<table>
<thead>
<tr>
<th>Reason for Wanting Further Crisis Management Training</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep Updated with Latest Research Findings</td>
<td>43</td>
<td>44</td>
</tr>
<tr>
<td>Lack of Training</td>
<td>33</td>
<td>34</td>
</tr>
<tr>
<td>Increase Knowledge and Skills</td>
<td>22</td>
<td>22</td>
</tr>
</tbody>
</table>

(*N = 98*

The majority of school counsellors (44%) said they would like to access further crisis management training to: “Keep updated with latest research findings”. Of the 15 respondents who indicated they would not like further training responses included: “Do not feel I need more training” (seven respondents); “Had enough of the school system altogether”; “The structure and management of the workplace is so poor no base to build on”; “Not an area I’m caring to specialize in”; “I don’t believe SSSO’s [Student Service Support Officers] should be allocated this responsibility on top of the very onerous workloads and responsibilities”; “I’ve intentionally pulled back from this area and I feel burned out”; “Not an area of particular interest for me”; “The Department confused hearing a presenter with being trained” and “I think administrators should have processes in place and we should only support and deal with extraordinary situations”.

Seventy eight respondents provided written responses when asked about specific gaps in current training (see Table 11).
Table 11

*Gaps in Current School Crisis Management Training*

<table>
<thead>
<tr>
<th>Gaps in Training</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Training</td>
<td>39</td>
<td>50</td>
</tr>
<tr>
<td>Intervention Training</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td>Debriefing Debate</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Training with School Staff</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Role of Emergency Services Personnel</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

\((N = 78)\)

Notably, half of these respondents \((n = 39)\) said that they lacked training in crisis management. A further 22 respondents identified ‘Intervention Training’ as a gap in current crisis management training.

9.7 *Self Care and Access to Professional Support*

The majority of respondents (85%) indicated they had self care strategies in place. Of those respondents who said they had self care strategies in place, 99 gave a qualitative response. These qualitative comments were coded into three categories and are shown in Table 12.

Table 12

*School Counsellors’ Self Care Strategies*

<table>
<thead>
<tr>
<th>Self Care Strategies</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking/Debriefing with Colleagues</td>
<td>67</td>
<td>68</td>
</tr>
<tr>
<td>Recreational Activities</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Time with Family/Friends</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

\((N = 99)\)

The majority of school counsellors (68%) indicated that they would talk or debrief with a colleague as a preferred self care strategy. The next highest portion
of respondents said they would do some sort of recreational activity as a preferred self care strategy and a relatively small number of respondents indicated they would spend time with family/friends.

School counsellors were then asked whether or not they had access to professional debriefing. For the total sample of respondents ($N = 120$), 75% said they could access professional debriefing. Of the respondents who said they could access professional debriefing, 82 provided written comments. The written comments were coded into four categories as shown in Table 13

Table 13

<table>
<thead>
<tr>
<th>Access to Professional Debriefing</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M. Team Leaders/Colleagues</td>
<td>34</td>
<td>41</td>
</tr>
<tr>
<td>Region/ Department</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>Private Psychological Services</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Not Sure how to Access</td>
<td>9</td>
<td>11</td>
</tr>
</tbody>
</table>

($N = 82$)

The largest proportion of responses indicated that school counsellors access debriefing from their Regional Emergency Management Crisis Team Leaders or their colleagues.

School counsellors’ ability to say “no” to a school’s request for a critical incident response indicated that from the total sample ($N = 120$), 39% of respondents indicated they could say no, with 35% indicating that they were unable to say no. Respondents were given space to provide written comments related to this item. Of the 39% respondents who said they could say no, the
majority of written comments \( (n = 35) \) reflected “Knowing one’s own limitations”.

The larger portion of written comments were from respondents who could not say no or only sometimes say no \( (n = 59) \). Responses were coded into three categories. Responses are shown in Table 14.

Table 14

<table>
<thead>
<tr>
<th>School Counsellors who Feel they Generally Cannot Say No Responding to a School Request for Support Following a Critical Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for Critical Incident response</td>
</tr>
<tr>
<td>Role Expectation</td>
</tr>
<tr>
<td>Pressure on Colleagues</td>
</tr>
<tr>
<td>Limited Resources</td>
</tr>
</tbody>
</table>

\( (N = 59) \)

The majority of written responses indicated that “Role expectation” was the most significant reason given for not being able to say no to a request from a school for support following a critical incident. Examples of respondents’ written responses included:

“See it as my role”

“Because we are expected to drop all other work and respond to incidents as part of our role”

“Expected as part of role”

“There seems to be an expectation that this is part of the work”

“Because it is expected you attend”

“I feel I am employed to do this as I am supposedly trained”.

“Because it is expected you attend”

“I feel I am employed to do this as I am supposedly trained”.

“I feel I am employed to do this as I am supposedly trained”.
9.8 Increased Effectiveness and Valuable Crisis Intervention Skills

When asked if they thought further training would increase the effectiveness of their crisis work, 107 (89%) of the 120 respondents said they would like further training. In addition, of the 107 who indicated they would like further training, 80 gave a qualitative response describing why additional training would assist with the effectiveness of their response to school requests. Responses were coded into seven categories and are shown in Table 15.

Table 15

<table>
<thead>
<tr>
<th>Reasons Given For Wanting Additional Training To Increase Effectiveness</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase Skills, Knowledge and keep up with Current Research findings</td>
<td>32</td>
<td>40</td>
</tr>
<tr>
<td>Updated Training</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Increase Preparedness</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Greater Confidence</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Lack of Training</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

(N = 80)

The majority of responses indicated that respondents would like to increase their effectiveness by having further crisis intervention training that would increase skills and knowledge and keep up with current research findings. Written comments included: “Increase skills”, “given minimal training only”, “increase skill base”, ‘keep up with current research”, “to feel more confident in the knowledge base”, “so I can be skilled for a crucial job”, “greater understanding”, “all training reinforces /expands knowledge”, “more
knowledge/strategies”, “it would hone/improve my skills” and “more training with changing knowledge is always crucial”. Written comments provided by respondents (n = 12) who had indicated that they did not want further training to increase their effectiveness in crisis work included: “Had enough, just resigned”, “I find most PD [Professional Development] boring”, “I do not want to pursue”, “I have been a school psychologist (Guidance Officer) for 25 years”, “not particular area of interest” and “I’ve done enough training and had enough experience”.

9.9 Valuable Skills for Crisis Intervention Work

The first item requested respondents to provide written comments regarding their perception of skills required for effective crisis intervention work. A total number of 109 school counsellors offered written comments to this item. These qualitative responses were coded into three categories: Intervention; Theoretical Knowledge and Administrative. Table 16 shows the responses.

Table 16
Skills Identified by Respondents’ as Valuable for Crisis Intervention Work

<table>
<thead>
<tr>
<th>Skills</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Skills</td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>Theoretical Knowledge</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>Administrative Skills</td>
<td>26</td>
<td>24</td>
</tr>
</tbody>
</table>

(N = 109)

The predominant category identified by respondents (48%) as valuable skills for crisis intervention work were “Intervention Skills”. Examples of written responses for each of the categories are provided in Table 17.
Table 17

Respondents Written Responses Indicating Valuable Skills for Crisis Intervention Work

<table>
<thead>
<tr>
<th>Valuable Skills for Crisis Intervention Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
</tr>
<tr>
<td>• counselling skills, communication skills, clear boundaries and ability to follow/develop process/ plan of action</td>
</tr>
<tr>
<td>• calm approach, assessment, psychological first aid, nurturing responses</td>
</tr>
<tr>
<td>• probably overlaps with grief and loss counselling, practical issues of support to school communities in first day or days</td>
</tr>
<tr>
<td>• empathy, capacity to listen non-judgementally, knowing referral avenues for victims, preparedness to follow up</td>
</tr>
<tr>
<td>• calmness, empathy, good strategic planning to ensure all affected are assisted in an appropriate manner, awareness of professionals own personal triggers</td>
</tr>
<tr>
<td>• calming, organised, communicative, we need to investigate a ‘wellness’ approach to see if this suits the Department</td>
</tr>
<tr>
<td>• calm approach, clear procedures to follow, ensure plan in place initially with clear information</td>
</tr>
<tr>
<td>Theoretical Knowledge</td>
</tr>
<tr>
<td>• a framework for conceptualising and planning a response</td>
</tr>
<tr>
<td>• understanding grief and loss, knowledge of cognitive theory</td>
</tr>
<tr>
<td>• understanding some individuals do not want intervention/support, that intervention may not be immediately relevant to all</td>
</tr>
<tr>
<td>• be careful with pathology, it is likely to be reasonable reaction to trauma, risk management assessment</td>
</tr>
<tr>
<td>• looking at cognitive functioning, emotional reactivity, physical symptoms, behavioural symptoms</td>
</tr>
</tbody>
</table>
Administrative Skills

- team work, having clearly identified leaders
- good management skills
- calm, leadership of team, a coordinated approach to handling counselling demand
- organisation- plan the day, check things off, revise programs, plan the next day
- organisation- skills to assist with administrative issues

The largest category identifying valuable skills for crisis work was intervention skills \( n = 52, 48\% \) and included valuable skills associated with counselling, communication, calmness, empathy and clear procedures. The second largest category identifying valuable skills was theoretical knowledge \( n = 31 \) and written responses were associated with planning, risk management, cognitive, emotional, physical and behavioural responses. The third category identified administrative skills \( n = 26 \) as valuable skills and written responses were associated with strong leadership, management skills and organisational skills.

9.10 Content for Inclusion in a Crisis Management Training Program

The final survey item asked school counsellors to provide comments specifying what they would like to see included in a Crisis Management Training Program. Ninety three school counsellors responded. Responses were analysed and then coded into the following five themes: 1) Theoretical Model/Clear Procedures; 2) Current Research; 3) Intervention Strategies; 4) School Staff Training; 5) Practice Scenarios. Results are shown in Table 18.
Table 18

Respondents’ Suggested Content for a Crisis Management Training Program

<table>
<thead>
<tr>
<th>Content for a Training Program</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Model/Clear Procedures</td>
<td>30</td>
<td>32</td>
</tr>
<tr>
<td>Current Research</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Intervention Strategies</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Practice Scenarios</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>School Staff Training</td>
<td>12</td>
<td>13</td>
</tr>
</tbody>
</table>

(N = 93)

Of the 93 written responses, the greater portion of respondents (32%) described Theoretical Model/Clear Procedures as an important component of a crisis management training program. Current research (21%) was identified as the next highest component necessary for a crisis management training program. Intervention Strategies (17%) were the third highest component identified by respondents. Other components identified by respondents as important content for a crisis management training program were practice scenarios (17%) and school staff training (13%). Some examples of written responses are provided in Table 19.
Table 19

*Themes and Respondents’ Responses to Content They Would Like Included in a Crisis Management Training Program*

<table>
<thead>
<tr>
<th>Categories and Exemplars given within each Category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theoretical Model/Clear Procedures (n = 30)</strong></td>
</tr>
<tr>
<td>• <em>a suggested framework for school policy and procedures</em></td>
</tr>
<tr>
<td>• <em>clear understanding by others of feasible expectations of counsellors</em></td>
</tr>
<tr>
<td>• <em>clear guidelines, policies and practices</em></td>
</tr>
<tr>
<td>• <em>understanding of clear processes and protocols</em></td>
</tr>
<tr>
<td>• <em>up to date research on different models, clear guidelines and policies</em></td>
</tr>
<tr>
<td><strong>Current Research (n = 19)</strong></td>
</tr>
<tr>
<td>• <em>current empirical research, practical and collaborative approaches</em></td>
</tr>
<tr>
<td>• <em>up to date research on different models and practices</em></td>
</tr>
<tr>
<td>• <em>the best approaches based on current empirical research and debate</em></td>
</tr>
<tr>
<td>• <em>research on what works/doesn’t work</em></td>
</tr>
<tr>
<td><strong>Intervention Strategies (n = 16)</strong></td>
</tr>
<tr>
<td>• <em>an applied program where you get to practice the skills required during a crisis that would be effective</em></td>
</tr>
<tr>
<td>• <em>school ‘Lockdown’ procedures</em></td>
</tr>
<tr>
<td>• <em>latest ideas on how to assist students, strategies on how to assist staff, follow up work required</em></td>
</tr>
<tr>
<td>• <em>core personnel from all schools develop emergency management plans</em></td>
</tr>
<tr>
<td><strong>Practice Scenarios (n = 16)</strong></td>
</tr>
<tr>
<td>• <em>case scenarios, role plays, demonstrations of effective counselling techniques</em></td>
</tr>
<tr>
<td>• <em>real scenarios – got a lot out of 2 day training program in Bendigo</em></td>
</tr>
<tr>
<td>• <em>case studies, video examples may be helpful</em></td>
</tr>
</tbody>
</table>
School Staff Training ($n = 12$)

- a level of training for teachers as well because they can face some very challenging incidents
- core personnel from all schools develop emergency management plans
- training for teachers and parents
- basic skills for teachers

The most frequent suggestion for content of a crisis management training program from respondents was having theoretical model/clear procedures. This included content for training associated with a suggested framework for school policy and procedures. Respondents also indicated that they would like an understanding of clear processes and protocols. The second largest category suggested for content of a crisis management training program was current research. This included content for training associated with empirical research into different strategies and practices. Respondents also reported that they would like research evidence regarding what works and what does not work. The third category identified by respondents for a training program was intervention skills. This category included content associated with lockdown procedures, effective strategies and good communication skills between those responding and school staff. Suggested content for practice scenarios were role plays, real scenarios and case studies. A further category suggested for a training program that participants identified was school staff training and included basic crisis skills for teaching staff and school based development of emergency plans.
In summary, the written responses identified a wide range of content for a crisis management training program reflecting the importance of a comprehensive program.

9.11 Summary

This chapter reported results concerning the crisis management practices and training of 120 school counsellors. In addition, it examined respondents’ perceived further training needs and beliefs regarding content for a crisis management training program.

Commonly occurring critical incidents such as death and suicide were identified by participants. All but six participants had been involved in responding to critical incidents with the majority indicating they had had some crisis management training workshops provided by the Department of Education. Importantly, a majority of school counsellors indicated they would like further training. Three distinct themes for crisis intervention were identified: keep updated with latest research findings, increase knowledge and skills and lack of training. Participants indicated that the majority of their schools have a crisis management plan however there were a number of schools who either did not have a plan or it was unknown as to whether they had a crisis management plan. Additionally, it was reported by participants that most schools request their services following a critical incident. Further, the results reflected that the majority of school counsellors have self care strategies in place with a majority of participants reporting that they debrief with a colleague following crisis work.

The five themes identified by participants for content of a crisis management training program reflected the study’s identification of the
importance of a comprehensive crisis management model to guide training.

Responses for content included: theoretical model/clear procedures, current research, intervention strategies, practice scenarios and school staff training.

Chapter 10 will discuss the results of the current study in detail, and in particular identify how they relate to prior research.
Chapter 10: Discussion

The overall purpose of the current study was to examine school counsellors’ crisis management training within an Australian context. In addition, this thesis sought to develop a crisis management model specific to Australian schools. This chapter discusses the major findings from the current study’s survey of Victorian school counsellors. Two significant issues that directed the research were firstly, preparedness of school counsellors for providing the specialised role of assisting with crisis management in an Australian school setting. Secondly, the study investigated the need to develop a school crisis management model that could be used to guide training and school crisis management practices for Australian schools.

The past decade has witnessed an increase in the attention given to crisis management in the school setting. It is now well recognised that the existing processes for crisis management need improvement (Brock, 2002). While school counsellors often provide crisis work as part of their professional role, many have not received any pre-service training in this complex area (Allen et al., 2002; Bolnik & Brock, 2005).

To determine school counsellors’ current training and future needs, seven specific topics were addressed in the current study: 1) experiences of critical incidents in the school setting, 2) current crisis management training, 3) school preparedness and satisfaction with school counsellors’ crisis support, 4) school counsellor wellbeing, 5) increased effectiveness and valuable skills for crisis intervention, 6) training needs and 7) content for a crisis management training
program. The following section presents a summary of the findings. The findings are presented in relation to the seven topics investigated.

10.1 Experiences of Critical Incidents in the School Setting

The current study identified the types of critical incident situations school counsellors responded to during one calendar year and the amount of time they spent responding to critical incidents during this same period.

Consistent with the American school psychology literature (Johnson, 2000; Poland, 1994), the current study established that within a one year time span, most Victorian school counsellors had responded to a wide range of critical incidents including death, serious assault, sexual assault and motor vehicle accidents. The results showed that the great majority (84%) of school counsellors had responded to a critical incident involving a death. In addition, a significant number (63%) of school counsellors had responded to a suicide. There was also a high rate of response to motor vehicle accidents (48%) and sexual assaults (33%).

Prior to the 1990s, school critical incidents were often ignored by school administrators or not seen as the school’s concern (Pitcher & Poland, 1992). However, much publicised school shootings around the world (see Appendix A) which have resulted in many fatalities contributed to the realisation that responding to school critical incidents is now a necessity for school administrations. Poland and McCormick (1999) reported statistics from the United States, stating that on a daily basis 15 children are killed as a result of shootings. In addition, 13 are victims of homicide and 6 children die as a result of suicide. Homicide was identified as the second highest cause of death of children under the age of 19 years, followed by accidental deaths, motor vehicle accidents and suicide.
Similarly, death; suicide and motor vehicle accidents were those with the highest rate of incident response identified by Victorian school counsellors in the current study. These findings from the current study were similar to those of research from the United States (Allen et al., 2002) citing that school psychologists are required to respond to a wide range of critical incidents affecting schools including suicide, death and serious injury.

Of those school counsellors who had responded to critical incidents during the past year (95% of the sample), over half (55%) spent between 1 and 5 days responding to such incidents with approximately one quarter (28%) spending between 6 and 10 days responding to school crises. These findings demonstrated that the great majority of school counsellors surveyed provided support to schools following a significant traumatic event, and this supports the contention that there is an expectation that part of the role of school counsellors is to provide such support (Allen et al., 2002; Bolnik & Brock, 2005; Nickerson & Zhe, 2004).

10.2 Current Crisis Management Training

According to several American authors (Brock et al., 2002; Johnson, 2000; Pitcher & Poland, 1992; Poland & McCormick, 1999; Stevenson, 2002) crisis management training for school counsellors is critical. Findings from the current Australian study indicated that the majority of participants had received some training through the Victorian Education Department while working in schools. It needs to be noted that the majority of participants have been employed by the Department of Education for more than 11 years. An examination of participant’s responses related to training providers and training undertaken showed that very little crisis management training (8%) was obtained by school counsellors during
their university training. These findings are comparable to those of an earlier study carried out in the United States by Wise et al. (1987) who investigated 193 school psychologists in relation to crisis intervention training. The findings from Wise et al.’s study more than 20 years ago indicated that only 8% of the school psychologists in their American sample had completed academic studies pre-service covering crisis intervention training. Fifteen years later, Brock (2002) stated that American school psychologists must have appropriate pre-service training to engage in their role as a professional. Several years later, Bolnik and Brock (2005) reported from their American study of 199 school psychologists that 61% had pre-service crisis intervention training as part of their coursework prior to taking up a role as a school psychologist.

Taken together, these findings suggest that while in the United States pre-service crisis intervention training for school counsellors has increased dramatically, specific crisis training pre-service is still very uncommon in Australia. The abovementioned studies investigated the prevalence of crisis intervention training however no studies were found that identified the necessity for crisis management training. Crisis management training, as opposed to crisis intervention training, includes training in prevention processes, programs and practices that have been evaluated for their appropriateness and effectiveness and intervention processes and practices that equally have been evaluated for effectiveness and appropriateness for school populations. This presents an opportunity for the introduction of a comprehensive crisis management training program.

Findings from the current study indicated that while a number of Victorian school counsellors had received some in-service training sessions there were many
school counsellors who reported a lack of training (34%). These findings suggest the possibility that some school counsellors have been required to provide a school crisis response that called for specialised crisis intervention skills they did not have. In addition, these findings raise serious concerns in relation to adequate preparation of school counsellors in Australia prior to their involvement with school crisis management.

This concern has been highlighted as an issue in the United States for some years (Allen et al., 2002; Ko et al., 2008) and it has only been in recent times that a significant number of university courses in the United States have included crisis prevention and intervention training of school psychologists as part of their coursework (Allen et al., 2002). The United States qualification for a school psychologist requires a masters or doctorate level training. In Australia, a post graduate diploma or honours year in psychology plus two years workplace supervision or proportional masters level (six years) is the minimum required for qualification as a school psychologist. In the United States there are specialist programs for school psychologists. However, in Australia there are only a limited number of courses that are offered for educational psychologists and additionally a small number of post graduate in Education- school guidance and counselling courses.

One way of addressing some of the issues could be to formalise Australian school psychologist and social worker crisis management training. This training could be developed by as a peak professional body such as the Australian Psychological Society, in partnership with Education Departments across Australia.
Education Departments could be instrumental in ensuring that school psychologists and social workers are adequately trained for this professional aspect of their role.

The National Association of School Psychologists (NASP) in the United States has been proactive in working towards aligning university coursework covering school crisis prevention and intervention training with the skills required for this professional role (Allen et al., 2002). Increased levels of pre-service training in the United States in recent years suggests NASP have been instrumental in pushing for school psychologists to be adequately prepared for crisis work and thus prompting changes to university training.

Regarding the type of training school counsellors in the current study had completed, just over one third of respondents indicated that in the past two years they had attended workshops on topics such as: School Crisis Response, Suicide Intervention and Therapeutic Interventions. Thus during a two year period, in-service training in the form of workshops had been accessed by a limited number (39%) of these Victorian school counsellors. Increased opportunity for school counsellors to access continued in-service training and professional development in relation to school crisis management could contribute to an increased knowledge and skill base.

10.3 School Preparedness and Satisfaction with School Counsellor Crisis Support

The third focus area of the current study explored school counsellors’ perceptions of how satisfied their school was with their crisis work. In addition, the study examined whether or not schools had a crisis management plan.

Kline et al. (1995) argued that all schools should have a school crisis management plan. Consistent with the literature and previous research (Allen et al.,
2002; Bramlett et al., 2002), the results showed that 70% of the respondents reported that the school they worked in had a crisis management plan. This is in contrast to school planning prior to the 1990s when schools in Western countries seldom had plans to handle crises (Pitcher & Poland, 1992). This change may well be the result of an increased number of violent and tragic critical incidents that have impacted on schools in the past few years (Johnson, 2000). Brock and Poland (2002) pointed out that whilst reflexive responses by schools to critical incidents may have been acceptable 15 years ago, schools in the 21st century are expected to be prepared to respond to school crises.

Results in the current study identified that there are possibly still a number of schools without a crisis management plan (30%), this suggests that some school communities may not be sufficiently aware that their school could be impacted on by critical incidents or that the school counsellor respondents were unaware of their school’s plan. The Victorian Department of Education’s *Managing School Emergencies* (2001) manual clearly states that all Departmental schools are “required to maintain a current emergency management plan” (p.5). According to Decker (1997) schools can no longer assume crises happen only to others. Schools in the United States are increasingly being mandated to be prepared for school crises, and those schools that do not have a crisis management plan are likely to be ill-prepared to manage critical incidents (Brock, 2002; Stephens, 2002). Implications for not having a crisis management plan include the potential for chaos, and the possibility of exacerbating psychological problems associated with crises (Brock & Poland, 2002; Poland & McCormick, 1999). There is also the potential of legal
implications for schools without a current crisis management plan should they suffer a serious critical incident (Jacob & Feinberg, 2002).

It has been established that in recent times schools have relied on school counsellors to provide crisis management support and that crisis work has become part of their role (Allen et al., 2002; Johnson, 2000; King et al., 1999). The current study showed that over half of school counsellors perceived a high level of school satisfaction in relation to the crisis related support they provided, with the majority of schools having requested assistance from their school counsellor following a critical incident. These results are similar to those reported in the school crisis literature (Pitcher & Poland, 1992) stating that inevitably school principals seek the assistance of the school psychologist in crisis situations.

10.4 School Counsellor Wellbeing

The fourth focus area of the study examined whether school counsellors had self care strategies, and access to professional support. Participants were also asked if they felt they could say “no” to a school request to do crisis work. The majority of school counsellors indicated that they had self care strategies in place to ensure wellbeing following engagement in crisis work. These findings are similar to those reported by Bolnik and Brock (2005) who found that most respondents used at least one self care strategy during crisis work. Greenstone and Leviton (2002) argued that crisis interveners neglecting personal needs such as ‘self care’ could interfere with the efficiency of their crisis work. Results for the current study showed that talking or debriefing with a colleague was the most preferred self care strategy. Similarly, the school crisis literature consistently reported that colleague support is a popular source of self care (Poland & McCormick, 2000; Whitla, 2003).
To further examine support for school counsellors, the current study looked at professional debriefing accessed by respondents following crisis work. Professional support has been identified as a critical method of support for school counsellors engaged in crisis work (Whitla, 2003). Results reflected that a majority of school counsellors can access professional support, with colleagues working as part of the crisis team identified as the main providers. Private psychological services were accessed by only 21% of school counsellors following crisis work. There are a number of possible reasons why school counsellors may not access private psychological services following crisis work, these include: the time away from the job, stigma associated with accessing such services and the potential for this impacting on other work related commitments. Cost of external psychological services may also be a contributing factor for a reluctance of school counsellors to access such services. Importantly, Greenstone and Leviton (2002) pointed out that if crisis interveners do not deal effectively with their own psychological or physiological reactions there is the potential for long or short term psychological and physical problems.

Just over one third of school counsellors indicated that they felt they could say “no” to a request from a school for crisis work. Written comments provided reflected that the respondents were aware of their limitations. Comments provided by these school counsellors are similar to those highlighted in the school crisis literature from Australia stating the importance of respecting one’s own limitations (Whitla, 2003). For those school counsellors who felt that they could not say no, “role expectation” was cited as the major reason and included comments such as:
“expected as part of my role” and “I feel I am employed to do this as I am supposed to be trained”.

This raises a number of issues in relation to policies and procedures, and the possible need for a more formalised process for school counsellors who do not feel capable of responding to a school request for crisis work. School administrators and school counsellors need to work collaboratively to promote understanding of individual needs. Professionals engaging in crisis work need to be aware of their own personal vulnerabilities and limitations and set limits on demands from other people and self (Johnson, 2004). Johnson pointed out that self care management involves long range planning focusing on expectations, interpretation of situations and evaluating the way one’s own behaviour can make a situation better or worse. Additionally, it must be acknowledged that crisis workers can be indirectly traumatised by virtue of their close interaction with those in crisis (Johnson, 1993) and crisis interveners must be physically and emotionally prepared for crisis intervention work (Greenstone & Leviton, 2002).

10.5 Increased Effectiveness and Valuable Skills for Crisis Intervention

The fifth focus area first looked at whether school counsellors wanted further crisis intervention training to increase their effectiveness and second, the attributes school counsellors identified as valuable crisis intervention skills.

The majority of participants (89%) reported that they would like further training to increase their effectiveness for responding to critical incidents. These findings are similar to those reported 20 years ago by Wise et al. (1987) which indicated that school psychologists reported that they would like to increase skills in crisis intervention.
School counsellors are those primarily responsible for alleviating emotional stress in relation to school community members in crisis. Therefore, it is critical that they are well prepared for this role (Peterson & Straub, 1992). The majority of participants gave written comments describing why additional training would increase effectiveness. The most common reason given was to increase crisis intervention understanding of skills/knowledge and current research. Skills/knowledge and current research were also identified by respondents as important to overall crisis management training needs. The data, therefore, strongly indicates that school counsellors perceive a lack of understanding around skills/knowledge and current research specific to crisis intervention. This is consistent with the school crisis literature suggesting that many school counsellors lack training in crisis intervention (Allen et al., 2002). Further, the results suggest that some school counsellors may feel ill prepared to deal with school crisis situations. Similarly, Allen et al., (2002) argued that the lack of crisis intervention training of school psychologists did not allow them to be adequately prepared for this aspect of their professional role.

The majority of participants provided written comments identifying perceived valuable skills required for effective crisis intervention work. Three themes were identified from the written comments. Intervention skills were the predominant theme with theoretical knowledge and administrative skills also reported as valuable skills for crisis intervention work. More specifically, the intervention skills identified by respondents included: a calm approach, organisation, good communication, practical support, planning, knowing referral processes and a wellness approach. These results are supported in the United States school crisis
literature. Hoff (1995) stated that effective crisis management promotes positive
growth of individuals and avoids negative outcomes. Additionally, Benedek and
Fullerton (2007) pointed out that Hobfall and colleagues had identified intervention
following a disaster/traumatic event at an individual and community level includes
five elements: safety, calming, efficacy, social connectedness and hope. Further,
Nader and Muni (2002) contended that effective crisis intervention requires care in
‘approach and attitude’ and Johnson (1993) determined that organisation is an
important ingredient for effective crisis intervention.

A significant number of school counsellors in the current study identified up
to date theoretical knowledge as valuable for crisis intervention work with
respondents also reporting specific aspects including: understanding the literature on
grief and loss, awareness that not all individuals require intervention, understanding
trauma response as opposed to pathology. Stuhlmiller and Dunning (2000) pointed
out that trauma treatment emphasises “wellness over illness” using brief
intervention, optimistic messages and strong social supports. The crisis literature
supports the critical need for school counsellors undertaking crisis work to have
sound theoretical knowledge (Allen et al., 2002; Brock, 2002; Johnson, 1993;
Poland & McCormick, 1999) and has identified aspects of theoretical knowledge
similar to those reported in the current study. Results suggest that school
psychologists and social workers providing services to Australian schools should
have opportunity to engage in training that includes theoretical knowledge as part of
their preparation for this professional role prior to service delivery.

Additionally, the current study found that a number of participants identified
‘administration’ as a valuable crisis intervention skill. School counsellors sampled
identified specific areas of administration that they perceived to be valuable including: strong leadership, a coordinated approach and organisation. These findings are similar to those suggested by Johnson (1993) stating that organisation and team leadership are crucial to effective school crisis management and in addition, timely support for students can minimise disorganisation (Peterson & Straub, 1992). Results suggest that these school counsellors understood the skills required for containing a crisis situation and minimising long term effects on a school community. Similar to the findings from this study, Greenstone and Leviton (2002) pointed out that crisis interveners must have a pre established process for intervention, with clearly designated roles and responsibilities of interveners.

### 10.6 Training Needs

The sixth focus area of this study addressed whether school counsellors believed they needed additional training in crisis management and whether they perceived there to be any gaps in their training.

The majority of respondents (85%) reported that they would like to have further training in crisis management. The most significant reason given for wanting further training was to keep up with the latest research. These findings have demonstrated the need to include current research findings as part of crisis management training. However, it has been established in the literature that there remains a significant lack of research and evaluation that draws firm conclusions about current practices of school crisis management (Brock et al., 2001; Johnson, 2000; Pagliocca et al., 2002; Poland & Mc Cormick, 2000; Poland, Pitcher, & Lazarus, 2002). In light of these findings and a general aim of this study, the limited
research base supports the need for the development of a crisis management model that is inclusive of evaluation of crisis management practices.

The need for more rigorous evaluation (Pagliocca et al., 2002) of school crisis work practices must be included as part of a crisis management training program. This highlights significant issues in relation to current school crisis management practices. Observations and case studies of school crisis situation outcomes in the 1990s have mostly guided the intervention practices that are currently recommended for using with school populations (Brock, 2002; Pitcher & Poland, 1992).

This presents a major challenge for school personnel involved in crisis management practices. The findings indicated that school counsellors were interested in intervention strategies such as debriefing. The practice of universal debriefing has recently been questioned (McNally, 2004) and there have been concerns raised about the potential harm resulting from such practices being used in the school setting (Raphael et al., 1996). Raphael and Wilson (2000) also pointed out that talking to children and adolescents in a group could be potentially harmful if there are differences in the severity of trauma suffered within the group. Wraith (2000) argued that that the practice of debriefing children has not been developed, tested or evaluated. The abovementioned research has demonstrated the importance of ensuring that those undertaking crisis work are provided with understanding about strategies such as debriefing that are described in the crisis literature as potentially harmful to children and adolescents. Wraith further stated that it is important to avoid any practice with children that may be potentially harmful. In light of these serious concerns reported in the crisis literature, the practice of debriefing children
should not be used in the school setting. In addition, such findings have confirmed the need for evaluation to guide school crisis management practices and to inform crisis management training programs.

The data showed that of those participants who indicated they would like further training, there were a number who wanted to increase their crisis management knowledge and skill base. Additionally, a number of school counsellors who reported a lack of training in crisis management should be offered the opportunity to access such training. Brock (2002) stated that media coverage on school crises nowadays often report that school counsellors will be available to support distraught students. Therefore it would be necessary for school counsellors to have the appropriate training to carry out this specialised aspect of their professional role.

The results also highlighted that school counsellors perceived the need for training of school personnel. Ronan and Johnston (2005) pointed out that crisis management training requires active participation by all members of the school community and collaborative problem solving between networks within the school system. Nader and Pynoos (1993) stated that school staff plays an important role in the recovery of the school milieu. Therefore, training of school staff in basic crisis management practices may provide an excellent resource for assisting and supporting students from the outset should schools be faced with a major disaster.

It needs to be acknowledged that during and immediately following a large scale traumatic event (for example, previously mentioned terrorist attacks on the World Trade Center in the United States, 2001), school counsellors could be in demand from a number of schools or other community groups within close
proximity to the event. The school counsellors might be required to prioritise the needs of the most affected schools/groups in the community. In situations involving large scale traumatic events that affect many school populations at the one time there is the possibility that a number of schools may need to ask school staff other than school counsellors to help respond to the immediate needs of distressed students.

10.7 Content for a Crisis Management Training Program

Allen et al. (2002) in the U.S. suggested that the feedback from their study of school psychologists’ preparedness for school crisis intervention could inform university program directors when making curriculum decisions. The current study asked school counsellors to specify what they would like to see included in a crisis management training program. Similarly, this feedback can inform possible content for crisis management training of school counsellors. Content identified from the responses included: theoretical model/clear procedures, current research, intervention strategies, practice scenarios and school staff training.

The results from the current study showed that the highest portion of school counsellors (32%) who provided written comments (n = 93) reported they would like a theoretical model/clear procedures to be part of a crisis management training program. In addition, the next highest category identified by school counsellors (21%) was for “current research”. These findings attest to the need for a school crisis management model that can guide and inform a crisis management training program, including the opportunity to stress the importance of the necessary components for comprehensive school crisis management. Pagliocca et al. (2002) stated that for over 20 years there has been a call for evaluation of crisis intervention programs and strategies. In recent times there has been a request for research and evaluation of
school base crisis intervention (Pagliocca et al.) as to date there has been an over reliance on descriptive case reports (Nelson & Slaikeu, 1990). The development of such a model that specifies “evaluation” as a component may encourage researchers to engage in evaluation processes that could then provide evidence based strategies and practices for those engaged in crisis management work. Importantly, it needs to be noted that the crisis literature has recently reported the potential harm to children from the use of the crisis intervention strategy of debriefing (Jackson, 2003; Stuhlmiiller & Dunning, 2000; Wraith, 2000) and yet this strategy has been used with school populations for some time now. Therefore, as has been requested by the participants of the current study, it is critical that those carrying out crisis work are provided with current research findings such as those relating to debriefing and the potential harm to children.

Participants in the current study did not identify educational prevention programs such as anti-bullying, suicide prevention, conflict resolution or problem solving which Dwyer and Jimerson (2002) suggested could potentially minimise the impact of trauma in relation to school critical incidents. The participants in this study may have been unaware of the possible effects of the abovementioned programs on school crisis management.

In summary, the findings of this thesis and a review of the school crisis literature has determined the need for a comprehensive crisis management model that can guide school crisis management training.

10.8 Crisis Management Model for Australian Schools

The crisis management model proposed has been developed from a review of the school crisis literature and survey results from the current study that have
supported the development of a theoretical model. As has been previously stated, school counsellors who provided written responses about the content for a crisis management training program identified the need for theoretical model/clear procedures with comments including “a suggested framework for school policy practices”, “clear guidelines and policies”. Such findings have confirmed the need for the development of a comprehensive school crisis management model that expands on previous models and provides clear guidelines for practices.

The model that has been developed is informed by earlier works, beginning with the medical model of prevention psychiatry developed by Caplan (1964) and crisis intervention defined by Nelson and Slaikeu (1990). Caplan’s theory of prevention psychiatry, discussed previously (see Chapter Two) focused largely on helping people through life crises. Caplan noted that during, or following, a personal crisis, individuals appeared less able to cope and less healthy than before the crisis. He suggested that without crisis resolution some people would be at risk of mental illness. In order to resolve crises, Hjelle and Ziegler (1981) identified the importance of meeting basic needs of safety, food, water and shelter, when safety and security is threatened with the purpose of restoring predictability, protection and reassurance.

Nelson and Slaikeu (1990) put crisis intervention in the context of a school setting. They argued that crisis resolution is critical to school curriculum planning and that the primary areas of crisis resolution require written policy (what needs to be done); physical resources (for carrying out what has to be done) and trained personnel (for implementing what has to be done).
The crisis management model proposed in this thesis is based on three critical factors:

a) The need for a comprehensive model of school crisis management

b) A structured crisis management model specific to schools

c) The process for crisis management education and training

10.9 *The Need for a Comprehensive Model of School Crisis Management*

The literature review highlighted the problem that different terminology is used in the school crisis literature to describe prevention and intervention practices including: crisis intervention, early intervention, secondary prevention, primary prevention, tertiary prevention and tertiary intervention. This indicates the need for a simplified approach for describing particular components of school crisis management, rather than using a number of terms that could be potentially confusing.

It has been established that the concept of “prevention” in relation to school crises includes the potential for schools to promote improved education, training and practices for school populations that could contribute toward minimisation of school crises and their impact. Additionally, intervention includes specific strategies, techniques, practices and training. Further, it has been established that intervention practices should only be carried out by trained school personnel who can then assist individuals affected by a traumatic event. The lack of evaluation of crisis prevention and intervention processes and practices in the school crisis literature is notable. This supports the importance of a continuous evaluation of prevention and intervention material in light of emerging research.
10.10 A Structured Crisis Management Model Specific to Schools

Following the findings of the current study, a model has been developed that identifies three core components necessary for school crisis management: 1) Prevention – the act of preventing, 2) Intervention – the act of intervening, 3) Evaluation - the act of ascertaining the effectiveness of how a program or process works within a particular school context.

This model of school crisis management (see Figure 1) provides a framework underpinned by Prevention, Intervention and Evaluation (P.I.E.) with the core focus being on the wellbeing of school communities. The proposed model has been designed with a “whole school approach” to enhance the wellbeing of all school community members and ultimately to “do no harm”. As previously mentioned, Stuhlmiller and Dunning (2000) pointed out that practitioners have not kept pace with changing paradigms for trauma treatment that emphasise “wellness over illness” using brief intervention when required, optimistic messages and strong social supports. In addition, active participation by all members of the school community is the driving force towards recovery (Ronan & Johnson, 2005).
The model is illustrated below in Figure 1.

![P.I.E. Crisis Management Model](image)

**Figure 1: P.I.E. Crisis Management Model**

The model is based on the assumption that to facilitate ‘wellness’ of individuals within school communities, those involved in crisis management practices need to provide strategies and programs prior to a “crisis state” (PREVENTION) that can be used during a “crisis state” (INTERVENTION). Additionally, those engaged in crisis work should use prevention and intervention strategies and practices that have a sound empirical basis and are appropriate to the local context (EVALUATION).

10.11 *The Process for Crisis Management Education and Training*

The P.I.E. model forms the framework for the development of a comprehensive crisis management training program. Training should be driven by the central focus of doing no harm. Nader (1997) argued that one of the most
important aspects of intervention following a traumatic event was the training of those providing the intervention. The provision of appropriate intervention in relation to a crisis situation includes: knowledge of crisis theory, crisis assessment and psychological first aid (Brock, 2002; Greenstone & Leviton, 2000). In addition, Nader and Muni (2002) stated that effective crisis intervention required care in “attitude and approach” towards individuals in crisis. Therefore, it is critical that school personnel expected to undertake crisis work are trained appropriately to carry out their specific role. Teaching staff would not be expected, for example, to engage in the therapeutic process of determining those at risk of mental health problems. In a post trauma situation, teachers may be asked to identify things like emotional and cognitive changes in particular child/children. Assessment for potential mental health problems would be carried out by trained health professionals. The model can be used to direct the development of a training program that provides skills in relation to existing roles.

10.11.1 Prevention

The model emphasises that schools need to engage students, teachers and parents/carers in prevention programs that will lead to whole school community connectedness and confidence. In addition, the component of prevention could include programs that develop skills and knowledge to sustain individuals and school communities dealing with crisis situations.

Prevention strategies and practices identified in the current study included: school leadership training, school staff training, role clarity and clear procedures. Further, the school crisis literature identified prevention programs such as drug
education, sex education, problem solving, coping skills, conflict resolution and anti-bullying strategies.

10.11.2 Intervention

The model emphasises the need for intervention practices that have the potential to restore equilibrium and pre-crisis coping mechanisms. Some suggested interventions have been identified from the findings of the current study and the school crisis literature.

The current study identified intervention strategies perceived by participants as valuable skills for school crisis management. Skills identified as valuable included: psychosocial support, counselling skills, communication skills, information sessions, psychological first aid, calm approach, wellness approach, practical support, assessment and referral. In addition, the school crisis literature identified intervention strategies including: crisis theory, parent reactions, child and adolescent reactions to trauma, child developmental stages and crisis response/recovery practices particular to the needs of children and adolescents.

10.11.3 Evaluation

Evaluation, one of the components of the P.I.E. Model, has been identified as critical to crisis management programs and practices. The findings from the current study indicated the need for “what works, what doesn’t work” to be included in a crisis management training program. However, as previously stated, the school crisis literature also identified that there was a lack of evaluation of school crisis management practices examining their effectiveness (Pagliocca et al., 2002) and appropriateness for use with school populations. One such example is the practice of
debriefing children and adolescents which has been described in the crisis literature as potentially harmful (Wraith, 2000).

School psychologists are trained in research methodologies and may be able to carry out school based evaluation of some of the prevention and intervention practices and programs. This could include evaluating prevention programs such as problem solving, bullying and coping skills. Evaluation of whether individual school prevention programs and practices are suited to the broader school community is also necessary.

Evaluation is defined as “a form of applied research undertaken to test the effectiveness of some program or intervention” (Colman, 2001). A key component of the proposed model is the emphasis on the idea that evaluation should be used to drive school crisis management strategic planning. For example, evaluating a school crisis management plan with key emergency personnel such as local police could highlight any potential gaps or oversights. Thus the model includes flexibility for individual schools to adapt school crisis planning and programs to their specific environment. For example, a small country town school set in a forest environment could provide school community prevention programs around bushfire safety and evacuation procedures. Cultural differences between schools and environmental influences are examples of the potential need to source information about the requirements of individual schools, students, teachers, parents and the wider school community. For example, determining cultural needs may involve consulting cultural and/or religious leaders relevant to a particular school who can identify cultural beliefs and customs that need to be understood in a particular school crisis management context.
The findings from the current survey and the literature review have determined the need for a more comprehensive crisis management model that expands on previous models which have focused primarily on prevention and intervention practices. This study has established that a comprehensive school crisis management model needs to include evaluation as a third and critical component.

In conclusion, what has been developed in the current study is a model that emphasises three core components. It has been argued that school crisis management training should include the core components of prevention, intervention and evaluation.

10.12 Summary of Findings

School crises such as death, serious assault, accidents, suicide and violence affect students, school staff and families and the wider school community. These types of incidents threaten the safety and security of school populations and expose them to threat and possible loss.

The findings from this thesis have raised important issues for crisis management training of school counsellors. It has been established that early development of school crisis management procedures consisted predominantly of intervention strategies and practices, with prevention identified as planning and preparedness for school crises. In addition, the school crisis literature identified that in the 1990s school crisis responses were often carried out by school psychologists with little or no specific training for this work. Results from the current study demonstrate that school counsellors are frequently involved in practices relating to crisis management, and that the majority of school counsellors surveyed said they would like further crisis management training.
This research has highlighted the importance of school counsellors being able to engage in crisis management training to prepare them for dealing with this aspect of their professional role. This has two implications. Firstly, for school psychologists and social workers wishing to pursue employment with educational organizations, crisis management training could be seen as a necessary requirement prior to engaging in school crisis related work. This training could then prepare school counsellors for engaging in crisis work with an understanding of crisis management practices, provide theoretical knowledge and inform them of current research findings. In addition, it is important that school counsellors currently working in schools are given the opportunity to undertake in-service crisis management training and further, that they are offered ongoing professional development in this specialised aspect of their professional role.

It was also was suggested that school crisis management training would be of benefit to school personnel in relation to organisational skills, administrative skills and a level of crisis intervention skills that could contribute to a coordinated approach.

Additionally, school counsellors should be provided with training that offers an understanding of crisis theory and what being in a crisis state means. Further, given that school populations consist mostly of children and adolescents, understanding child and adolescent trauma in terms of developmental stages and possible reactions is an important aspect of preparation for school counsellors engaged in school crisis work. The school crisis literature reviewed for this thesis has established that studies investigating the impact of traumatic events on children and adolescents to date have been limited. This thesis also revealed the importance
of understanding the distinction between trauma response and pathology. The school crisis literature identified that only a limited number of those exposed to a traumatic event will go on to develop mental health problems.

In conclusion, this study established the need to develop a comprehensive crisis management model specific to schools. Earlier development of crisis management models specific to schools largely focused on crisis intervention practices. More recent school crisis literature has placed greater emphasis on the prevention component and has included programs and practices that provide students with skills for dealing with crises and traumatic events as well as preventing some crises. It was concluded that comprehensive crisis management must incorporate three components, specifically, prevention, intervention and evaluation to appropriately and effectively meet the needs of school communities. The model developed provides a framework that can be used to guide crisis management training and crisis management practices specific to schools.

10.13 Methodological Considerations and Recommendations for Future Research

10.13.1 Sample

Participants in this study comprised school counsellors (school psychologists and social workers). Response rates from Regions varied, which may reflect the way the questionnaires were distributed or the information provided about the study. The response rate (52%) gave a sizable sample of the total population of school counsellors in Victorian Government schools. Nevertheless, results cannot be assumed to be representative of all school counsellors in Australia or Victorian school counsellors working outside of the Victorian government school system.
10.13.2  Recommendations for Future Research

This study has established that to date there has been limited empirical research in relation to crisis management training of school counsellors. There are no known Australian studies of school counsellors’ crisis management training. Future research needs to be conducted in private education sectors and other states in Australia. Additionally, future research should investigate specific content of crisis management training accessed by school counsellors.

10.13.3  Conclusion

In conclusion, this thesis has examined crisis management training needs of school counsellors. After establishing the need for crisis management training and using content suggested by participants in the study, the thesis developed a school crisis management model that could guide training for school personnel including school counsellors and consequently promote the wellbeing of school communities. The new crisis management model could inform school crisis management practices and places a new emphasis on school and community based evaluation of such management practices. The outcomes of this study have implications for policy change involving both the lack of current national training standards and pre-service training for school counsellors.
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### Timeline of Recent Worldwide School Shootings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2, 1996</td>
<td>Moses Lake, Washington, US.</td>
<td>Two students and a teacher were killed, one student injured when a student of the same class opened fire on his maths class</td>
</tr>
<tr>
<td>March 13, 1996</td>
<td>Dunblane, Scotland</td>
<td>16 Prep students and a teacher were killed at the Dunblane Primary School and 10 students were wounded when a young male adult opened fire</td>
</tr>
<tr>
<td>February 19, 1997</td>
<td>Bethel, Alaska</td>
<td>One student and the Principal were killed and two students wounded</td>
</tr>
<tr>
<td>March, 1997</td>
<td>Sanaa, Yemen</td>
<td>Six students and two other persons were killed from two schools</td>
</tr>
<tr>
<td>October 1, 1997</td>
<td>Pearl, Miss</td>
<td>Two students were killed and seven students wounded by a 16 year old</td>
</tr>
<tr>
<td>December 1, 1997</td>
<td>West Paducah, Ky</td>
<td>Three students killed, five students wounded as they participated in prayer at Heath High School</td>
</tr>
<tr>
<td>December 15, 1997</td>
<td>Stamps, Ark</td>
<td>Two students wounded, shot at as they stood in the car parking area of the school by a 14 year old hiding in the woods</td>
</tr>
<tr>
<td>March 24, 1998</td>
<td>Jonesboro, Ark</td>
<td>Four students and one teacher killed, ten others wounded outside Westside Middle School as students evacuated during a false fire alarm. A 13 year old and 11 year old shot at classmates and teachers from the woods</td>
</tr>
<tr>
<td>April 24, 1998</td>
<td>Edinboro, Pa</td>
<td>One teacher killed and two students injured by a 14 year old at a dance held at the James W. Parker Middle School</td>
</tr>
<tr>
<td>May 19, 1998</td>
<td>Fayetteville, Tenn</td>
<td>One student killed in car park at Lincoln County High School three days before his Graduation. The victim was dating the ex girlfriend of his killer (18 years old)</td>
</tr>
<tr>
<td>May 21, 1998</td>
<td>Springfield, Ore</td>
<td>Two students killed, 22 other wounded in the cafeteria at Thurston High School by a 15 year old student who had been arrested and released a day earlier for bringing a gun to school. His parents were later found dead at home</td>
</tr>
<tr>
<td>June 15, 1998</td>
<td>Richmond, Va</td>
<td>One teacher and one guidance counsellor were wounded by a 14 year old student in the school hallway</td>
</tr>
<tr>
<td>April 20, 1999</td>
<td>Littleton, Colorado</td>
<td>12 students and one teacher killed, 23 others were wounded at Columbine High School. Two students had plotted for a year to kill at least 500 and blow up their school. At the end of their rampage they turned their guns on themselves</td>
</tr>
<tr>
<td>Date</td>
<td>Location</td>
<td>Event Description</td>
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<tr>
<td>April 28, 1999</td>
<td>Taber, Alberta, Canada</td>
<td>One student killed, one student wounded at W.R. Myers High School, the first fatal high school shooting in Canada in 20 years. The suspect was a 14 year old ex student.</td>
</tr>
<tr>
<td>May 20, 1999</td>
<td>Conyers, Ga</td>
<td>Six students were injured at Heritage High School by a 15 year old student</td>
</tr>
<tr>
<td>November 19, 1999</td>
<td>Deming, N.M.</td>
<td>One 13 year old student was killed when shot by a 12 year old student at Deming Middle School</td>
</tr>
<tr>
<td>December 6, 1999</td>
<td>Fort Gibson, Okla</td>
<td>Four students were wounded when a 13 year old opened fire at Fort Gibson Middle School</td>
</tr>
<tr>
<td>December 7, 1999</td>
<td>Veghel, Netherlands</td>
<td>One teacher and three students were wounded by a 17 year old student</td>
</tr>
<tr>
<td>February 29, 2000</td>
<td>Mount Morris Township, Michigan</td>
<td>One six year old student was killed by a six year old student with a handgun at Buell Elementary School near Flint, Michigan</td>
</tr>
<tr>
<td>March, 2000</td>
<td>Brannenburg, Germany</td>
<td>One teacher was killed by a 15 year old student who then shot himself.</td>
</tr>
<tr>
<td>March 10, 2000</td>
<td>Savannah, Ga</td>
<td>Two students were killed by a 19 year old whilst leaving a dance sponsored by Beach High School</td>
</tr>
<tr>
<td>March 26, Lake Worth, Fla</td>
<td></td>
<td>One teacher was killed when shot by a 13 year old student on the last day of classes</td>
</tr>
<tr>
<td>September 26, 2000</td>
<td>New Orleans, La</td>
<td>Two students were wounded with the same gun during a fight at Woodson Middle School</td>
</tr>
<tr>
<td>January 17, 2001</td>
<td>Baltimore, Md</td>
<td>One student was shot and killed in front of Lake Clifton Eastern High School</td>
</tr>
<tr>
<td>January 18, 2001</td>
<td>Jan, Sweden</td>
<td>One student killed by two males aged 17 and 19 years</td>
</tr>
<tr>
<td>March 5, 2001</td>
<td>Santee, California</td>
<td>Two students killed and 13 wounded by a 15 year old firing from a bathroom at Santana High School</td>
</tr>
<tr>
<td>March 7, 2001</td>
<td>Williamsport, Pa</td>
<td>One student wounded by a female student age 14 years in the cafeteria at Bishop Neumann High School</td>
</tr>
<tr>
<td>March 22, 2001</td>
<td>Granite Hills, California</td>
<td>One teacher and three students wounded by an 18 year old at Granite Hills High School</td>
</tr>
<tr>
<td>March 30, 2001</td>
<td>Gary, Ind</td>
<td>One student was killed by a student who had been expelled from Lew Wallace High School</td>
</tr>
<tr>
<td>Date</td>
<td>Location</td>
<td>Event Description</td>
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<tr>
<td>November 12, 2001</td>
<td>Caro, Mich</td>
<td>One student took two students hostage at the Caro learning Center before shooting himself.</td>
</tr>
<tr>
<td>January 15, 2002</td>
<td>New York, N.Y.</td>
<td>Two students were wounded by a teenager at Martin Luther King Jr. High School.</td>
</tr>
<tr>
<td>February 19, 2002</td>
<td>Freising, Germany</td>
<td>After killing two people at the factory he was fired from a man went to the Technical School in Freising that he had been expelled from and killed the headmaster and wounded another teacher before killing himself.</td>
</tr>
<tr>
<td>April 26, 2002</td>
<td>Erfurt, Germany</td>
<td>Two students, 13 teachers and one policeman were killed by a 19 year old at the Johann Gutenberg Secondary School, the assailant then shot himself.</td>
</tr>
<tr>
<td>April 29, 2002</td>
<td>Vlasenica, Bosnia-</td>
<td>One teacher was killed and one teacher wounded by a 17 year old who then killed himself.</td>
</tr>
<tr>
<td></td>
<td>Herzegovina</td>
<td></td>
</tr>
<tr>
<td>April 14, 2003</td>
<td>New Orleans, La</td>
<td>One student killed and three students wounded at John McDonogh High School by four teenagers (not students of the school).</td>
</tr>
<tr>
<td>April 24, 2003</td>
<td>Red Lion, Pa</td>
<td>A 14 year old student killed the Principal of Red Lion Area Junior High School and the killed himself.</td>
</tr>
<tr>
<td>September 24, 2003</td>
<td>Cold Spring, Minn</td>
<td>Two student were killed at Rocori High School by a 15 year old.</td>
</tr>
<tr>
<td>September 28, 2004</td>
<td>Carmen de Patagones,</td>
<td>Three students were killed and six wounded by a 15 year old student in a town approximately 620 miles south of Buenos Aires.</td>
</tr>
<tr>
<td></td>
<td>Argentina</td>
<td></td>
</tr>
<tr>
<td>March 21, 2005</td>
<td>Red Lake, Minn</td>
<td>A student killed his Grandfather and companion, then went to Red Lake High School and killed a teacher, security guard, five students and then killed himself.</td>
</tr>
<tr>
<td>November 8, 2005</td>
<td>Jacksboro, Tenn</td>
<td>A 15 year old shot and killed the Assistant Principal at Campbell County High School and seriously wounded two other administrators.</td>
</tr>
<tr>
<td>August 24, 2006</td>
<td>Essex, Vt</td>
<td>A 27 year old killed the mother of his ex-girlfriend and then went to Essex Elementary School looking for his ex-girlfriend. He shot two teachers, killing one and wounding the other.</td>
</tr>
<tr>
<td>September 26, 2006</td>
<td>Bailey, Colo</td>
<td>An adult male held six students hostage at Platte Canyon High School and then killed a 16 year old female student and himself.</td>
</tr>
<tr>
<td>September 29, 2006</td>
<td>Cazenovia, Wis</td>
<td>A 15 year old student killed the Weston School Principal.</td>
</tr>
<tr>
<td>Date</td>
<td>Location</td>
<td>Event Description</td>
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<tr>
<td>October 3, 2006 Nickel Mines, Pa</td>
<td>A 32 year old male entered the one room West Nickel Mines Amish School and shot 10 school girls, ranging from 6 to 13 years and then shot himself. Five of the student died</td>
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<tr>
<td>January 3, 2007 Tacoma, Washington</td>
<td>An 18 year old student shot a 17 year old student in the hallway at Henry Foss High School</td>
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<tr>
<td>April 16, 2007 Blacksburg, Va</td>
<td>A 23 year old Virginia Tech student killed two students in a dorm, then killed 30 people in a classroom building, 15 others were wounded. He then killed himself</td>
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</tbody>
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FORM OF DISCLOSURE AND INFORMED CONSENT
(Main Study)

Project Title: Preparation of school counselors for dealing with school crisis management in the 21st century

Principal Investigators:
Dr. Katie Wood
School of Social and Behavioural Sciences,
Swinburne UT Ph: 9214 5740

Ms. Vicki Trethowan
School of Social and Behavioural Sciences,
Swinburne UT

Associate Professor Ann Knowles
School of Social and Behavioural Sciences,
Swinburne UT Ph: 9214 8205

Please read this Plain Language Statement carefully. Vicki Trethowan, a Doctorate student in Counselling Psychology, is conducting this project under the supervision of Dr. Katie Wood and Associate Prof. Ann Knowles. Once you understand what this project is about, and are willing to participate, please complete the enclosed questionnaire. The return of the questionnaire will indicate your consent to participate. Please keep a copy of this Plain Language Statement. Participation in this research is voluntary, and you are free to withdraw at any time.

Recent media reports of traumatic events affecting schools indicate an escalation in their severity. School Counsellors (Guidance Officers, Psychologists and Social Workers) are often expected to assist schools in dealing with traumatic events despite, at times, having little or no formal training. A traumatic event is defined as an event, which is often unexpected, overwhelming, and disrupting an individual’s belief system. Such an event might result in pain, suffering and possible loss. The aim of this project is to increase the level of training that School Counsellors receive in preparing them to deal with school crisis management.

As a participant, you will be asked to complete a questionnaire, which asks about your current level of training in crisis management and your perceived need for crisis management training. Some background information (e.g., gender, age) will be also requested. The questionnaire will take approximately 15 minutes to complete. All responses will be treated with the strictest confidence. At a later stage, two focus groups will be conducted to obtain more detailed information related to school crisis management training requirements for school counsellors. Attached to this questionnaire is an invitation to voluntarily take part in a focus group. The return of this form, with your Christian name and phone number, will indicate your interest to be part of a focus group, and you will be contacted by Vicki Trethowan to discuss this further.

Some of the questions might raise some personal issues or concerns. If this is the case, please do not hesitate to contact the following services:

Swinburne Psychology Centre
26 Wakefield Street
Hawthorn 3122 Ph: (03) 9214 8653

Swinburne Student Counselling Service
Hawthorn Campus;
Room 36W, 36 Wakefield Street Ph: (03) 9214 8025

This project will be carried out in accordance with the National Statement on Ethical Conduct in Research Involving Humans. The Ethics Committee in the School of Social and Behavioural Sciences, Swinburne University has approved the ethical aspects of this project.

The research has important implications for School Counsellors and the school community as a whole. This research is the first of its kind in Victoria and School Counsellors have the opportunity to comment on the skills/approaches they see as invaluable for crisis management within the school setting.
Information relevant to this project will be stored securely, and only available to the researchers. The findings of this study will be presented in the form of a student project and might be presented at conferences or published in scientific journals. You would not be identified in any way if the information were used for these purposes. Any future research projects that propose to use the anonymous data must have the approval of the School of Social and Behavioural Sciences Human Research Ethics Committee. The anonymous questionnaire data will be kept for a minimum of five years and then securely destroyed. Should you want a written copy of the main research findings, or have any questions regarding the project entitled “Preparation of School Counsellors for dealing with School Crisis Management in the 21st Century” please contact the Senior Investigator Dr. Katie Wood on (03) 9214 5740.

Complaint Procedure:
If you have a concern or query that could not be satisfied by Dr. Katie Wood, please direct formal complaints to:
The Chair, SBS Research Ethics Committee
School of Social and Behavioural Sciences, Mail H24
Swinburne University of Technology
If you have a complaint about the way that you were treated during the study, please write to:
The Chair, Human Research Ethics Committee
Swinburne University of Technology, PO Box 218, Hawthorn, Victoria 3122

Signed
Katie Wood

Vicki Trethowan

Thank-you for participating in this project
Victorian School Counsellors – School Crisis Management

A critical incident is defined as a dangerous or distressing incident that disrupts an individual’s belief system and may result in pain, suffering and possibly loss. Normal methods of coping are disrupted.

The following questions aim to establish the level of formal training school counsellors have received, and the training requirements for crisis management specific to schools.

- Please answer all questions
- Please note for this Research Project “School Counsellor” will refer to fully qualified Guidance Officers, Psychologists and Social Workers working in the school setting.

Thank you for taking time to respond to the questionnaire
PLEASE TICK ALL APPROPRIATE BOXES

Question 1. Are you?

Male ☐ Female ☐

Question 2. What is your age?

___________________________ (in years)

Question 3. What is your current role?

Guidance Officer ☐ Social Worker ☐ Psychologist ☐

Question 4. Which Region do you work in?

Eastern ☐ Western ☐ Goulburn North East ☐
Southern ☐ Gippsland ☐ Central Highlands Wimmera ☐
Northern ☐ Lodden Campaspe Mallee ☐ Barwon South West ☐

Question 5. What is your employment status?

Full Time ☐ Part Time ☐
Ongoing ☐ Casual ☐

Question 6. How long have you worked for the Department or Education & Training?

☐ Less than 1 year  ☐ 1 to 5 years  ☐ 6 to 10 years  ☐ 11 years or more

Question 7. How many critical incidents have you been required to respond to in the last year?

Note: A critical incident is defined as a dangerous or distressing situation that disrupts an individual’s belief system and may result in pain, suffering and possibly loss.

0 to 5 ☐ 6 to 10 ☐ 11 or more ☐
Question 8. What type of incidents have you been involved in?

Tick all that are appropriate

a) Death

b) Suicide

c) Serious injury/serious assault

d) Sexual assault

e) Siege/hostage firearms

f) Motor vehicle accident

g) Fire in school building/bushfire

h) Outbreak of disease

i) Flood/windstorm/other natural disaster

j) Vandalism/criminal damage

k) Fumes/spill/leak-contamination by hazardous material

l) Other (please describe)

Question 9. Approximately, How much time have you spent attending critical incidents in the past year?

<table>
<thead>
<tr>
<th></th>
<th>a) Less than 5 days</th>
<th>b) 6 to 10 days</th>
<th>c) 11 to 20 days</th>
<th>d) More than 20 days</th>
</tr>
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</table>
Question 10. Do you feel that you have spent more time responding to critical incidents in the past year compared to previous years?

Yes □     Why?

__________________________________________________________________________

No □     Why not?

__________________________________________________________________________

Question 11  Have you had any formalised training specifically designed for school crisis management?

Yes □     No □

If yes, who conducted the training?

*Tick all that are appropriate*

a) Through DE&T or the Region

b) From a Professional body

c) From Emergency and Security Management

d) From university/diploma courses undertaken
Question 12. List any training completed in the last 2 years

________________________________________

________________________________________

Question 13. Have you attended any training specifically designed for any of the following groups?:

- Police/Ambulance □
- Fire Service Officers □
- State Emergency Service Officers □
- Refugees Workers □
- Other (Please describe)

________________________________________

Question 14. How many days training have you had in the area/s ticked in Q11 and 13?

<table>
<thead>
<tr>
<th>Area/Training</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Police/Ambulance</td>
<td></td>
</tr>
<tr>
<td>b) Fire Service</td>
<td></td>
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<tr>
<td>c) State Emergency Service</td>
<td></td>
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<tr>
<td>d) Refugee Work</td>
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<tr>
<td>e) Region</td>
<td></td>
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<tr>
<td>f) Professional Body</td>
<td></td>
</tr>
<tr>
<td>g) Emergency Management DE&amp;T</td>
<td></td>
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<tr>
<td>h) University or Diploma course undertaken</td>
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</tbody>
</table>

Question 15. Do your school/s ask for assistance following a critical incident?

- Yes □
- Sometimes □
- No □
Question 16. Does your school have a Crisis Management Plan?

Yes ☐   No ☐   Unsure ☐

Question 17. When working in schools and providing crisis intervention, how successful do you believe your work has been?

Very Successful ☐   Somewhat Successful ☐   Limited Success ☐

Please explain, ____________________________________________________________

__________________________________________________________

Question 18. Would you like to undertake formal training in Crisis Intervention Management specific to Schools?

Yes ☐   No ☐

Why? : ________________________________________________________________

Why not?: ______________________________________________________________

Question 19. What do you believe to be the gaps in your training in school crisis management?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Question 20. Do you currently have self care strategies in place to ensure your own wellbeing following a response to a critical incident?

Yes ☐   No ☐

If yes, what are these strategies?

________________________________________________________________________

________________________________________________________________________
Question 21. Can you access professional debriefing following crisis intervention work?

Yes ☐ No ☐

If yes, how do you access professional debriefing?

________________________________________________________________________

________________________________________________________________________

Question 22. Do you find it difficult to say “no” if you are unable to assist with a critical incident response?

Yes ☐ Sometimes ☐ No ☐

If yes/sometimes, why? _____________________________________________________

________________________________________________________________________

If no, why not? ________________________________

________________________________________________________________________

Question 23. Do you think additional formal training in Crisis Management would assist you in responding more effectively to traumatic events?

Yes ☐ No ☐

If yes, please explain ______________________________________________________

________________________________________________________________________

If no, please explain ______________________________________________________

________________________________________________________________________

Question 24. What skills/approaches do you think are valuable in crisis intervention work?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Question 25. What specifically would you like to see included in a school Crisis Management Training Program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

THANK YOU FOR YOUR TIME